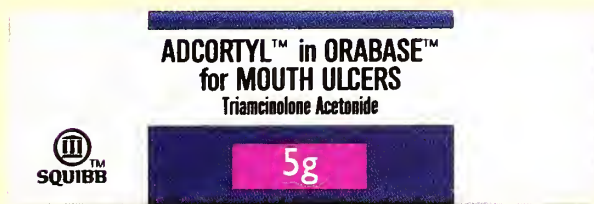


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

NOW AVAILABLE FOR YOU TO RECOMMEND

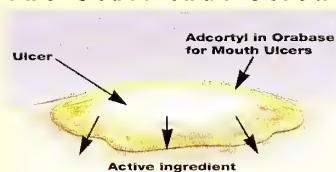


IT STAYS HEALING BECAUSE IT STAYS PUT

Recurrent mouth ulcers affect a staggering 4.5 million people in the UK. That's about 375+ customers per pharmacy. Now you can recommend a treatment whose efficacy has been clinically proven¹.

The Stuff that Sticks

Adcortyl in Orabase for Mouth Ulcers has the unique Orabase formulation, which sticks the treatment gently but firmly to the ulcer. It forms a protective coat over the ulcer and rapidly relieves pain.



The clinically proven anti-inflammatory action rapidly reduces inflammation and accelerates healing – reducing the duration of attacks by up to 50%¹.

MAJOR BUSINESS OPPORTUNITY FOR YOU

- RRP £3.95/tube • 33% POR • New pack design
- Highly visible dispensing tower

You will soon be receiving a call from Bristol-Myers Consumer with introductory offers, POS materials, customer education leaflets and training materials for your staff. One thing's for sure – Adcortyl in Orabase for Mouth Ulcers won't stick on your shelves!

Reference: 1. Zegarelli et al. J Periodontol 1999; 30: 63-65.

PRODUCT INFORMATION: Presentation: Adcortyl in Orabase for Mouth Ulcers is an oral paste containing triamcinolone acetonide 0.1%. **Uses:** Treatment of common mouth ulcers. **Dosage and Administration:** Apply at bedtime and 2-3 times a day; not more than 4 applications in 24 hours. **Contra-indications:** Known hypersensitivity to product components. **Precautions:** Courses should be limited to 5 days. Caution in patients with active/history of peptic ulcer and/or diabetes, pregnancy. **Side-effects:** As with all steroids there is

a possibility of systemic effects. **Package Quantity/ Retail Price:** 5g tube £3.95. **Legal Category:** P. **Product Licence Holder:** E.R. Squibb and Sons Ltd. **Product Licence Number:** 0034/0321. **Date of preparation:** April 1995. Adcortyl™ and Orabase™ are trade marks of E.R. Squibb and Sons Inc. **FURTHER INFORMATION IS AVAILABLE FROM BRISTOL-MYERS SQUIBB PHARMACEUTICALS LTD, 141-149 STAINES ROAD, HOUNSLOW MIDDLESEX TW3 3JA.**



STOCK THE STUFF THAT STICKS!

HOLIDAY TRAVEL
SPECIAL SUPPLEMENT

20 May 1995

Newcomer Burr tops Council election poll

NW Anglia finances accreditation scheme

N Ireland 'satisfied' with interim pay deal

Wally Dove sets out his stall at the NPA for '95



BRM forces Council to face faxing issue again

Update: coping with Crohn's and colitis

£1,000 prize for best Pharmacy Week project

THE BIGGEST NEWS FOR EARS IN YEARS



- Otex is now the undisputed brand leader amongst proprietary ear wax preparations.
- The total value of the ear wax market has grown a staggering 37% since Otex was launched.
- In-pack survey results show 9 out of 10 users find Otex effective.
- Almost 90% of Otex purchasers surveyed said they would buy Otex again.

And here's why...Otex has a unique, dual-action formula that not only softens hardened ear wax but then goes on to help it fragment and disperse. Otex is clinically proven to reduce the need for syringing.

With a massive, new national TV and press campaign scheduled for this year, it can only mean one thing ... even bigger news for your pharmacy sales.

Otex[®] **EAR DROPS**

**CLINICALLY PROVEN
TO DISPERSE EAR WAX
AND REDUCE THE NEED
FOR SYRINGING**

OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged, if there is any other ear disorder (such as inflammation), or if any other preparation is being used in the ear. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** Legal category: [P] Packs: Bottles of 8 ml (PL 0173/0151), price £3.25.

As Pharmacy Week nears, notice of local initiatives to support the venture are on the increase. This week we post news of six separate pharmacy promotions, ranging from Stockport's health and pharmacy advice shop, to Gloucester LPC's community pharmacy strategy document and Brighton & Hove's Sussex-wide advertising push. We also launch *Chemist & Druggist's* Pharmacy Week Award.

The aim of the Week is to promote the profession and its health benefits for the community so that they remain imprinted on the public's psyche long after it finishes on June 26. To that end, the local pharmacy body adjudged to have put together the activity making the most significant impact on consumers will receive £1,000 to be spent on continuing its development of the pharmacist's healthcare role. The winner will be presented with the cheque on *C&D's* Chemex stand in September.

The pharmaceutical press has been full of local initiatives since Pharmacy Week was launched late last year — *C&D* has so far run news stories covering 13 regional initiatives since Christmas. The National Pharmaceutical Association's head of public relations, Colette McCreedy, says she has never had such an enthusiastic response to a campaign, with hundreds of pharmacists planning collective and individual events. Both the Royal Pharmaceutical Society and the NPA press offices are having to reprint stocks of PR materials.

Now that the PR push is being focused on consumers themselves, pharmacists can expect fresh interest at local level. The profession must be hoping that the considerable support shown by community pharmacists to date is just the tip of the iceberg. If so, then pharmacists will be seen in a better light by their customers. In successful PR battles, the foot soldiers are in the vanguard.

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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Andrew Burr tops election poll 792

Council election results bring together faces
 both old and new



£150,000 for pharmacy excellence 792

Training payments are being offered to community pharmacists in
 North West Anglia

NI agrees interim 1995/96 pay offer 793

The Pharmaceutical Contractors Committee agrees "satisfactory"
 interim offer

Chemist & Druggist launches Pharmacy Week Award 794

C&D is offering \$1,000 to the Week's best initiative

New option for contraception 796

Pharmacia-Leiras launches Mirena, a new intra-uterine system



Update: coping with Crohn's and colitis i-xi

Plus osteoporosis is discussed at an HRT clinic,
 Arthur Williams examines pharmacy strategy
 and Steve Chaplin presents Research Digest

Flying High with Wally Dove 808

Patrick Grice talks to one of pharmacy's rising politicians and the
 new chairman of the National Pharmaceutical Association

Non-contract faxing debate refuses to die 812

Marianne Mac Donald reports from last week's Branch Representa-
 tives Meeting

High Court grants Zeneca injunction 814

Waymade stopped from importing Zoladex from Spain

REGULARS

Comment	791	Business News	814
News	792	Coming Events	815
Topical Reflections	795	Advance Information	815
Prescription Specialities	796	Classified Advertisements	816
Counterpoints	798	Business Link	817
News Extra	807	About People	822

Sharpe is back

Pharmaceutical Services Negotiating Committee chairman David Sharpe has been elected to the Royal Pharmaceutical Society's Council, following re-election failure last year.

Mr Sharpe polled sixth place in this year's election and is joined at Lambeth by another familiar face, Graham Walker, who resigned from Council four years ago. Mr Walker professes his delight at his success in polling fourth.

The only new face belongs to Andrew Burr, pharmaceutical advisor for Mid-Glamorgan Family Health Services Authority and past president of the Young Pharmacists' Group. Mr Burr was the first candidate to reach the magic 1,140 votes quota.

He is already promising a 12-month plan where he aims to challenge other health professionals in a positive manner to "indelibly associate the pharmacist with the safety and effectiveness of medicines". In addition, Mr Burr is keen to examine prescribing issues, such as 28-day dispensing, mandatory dosage directions and repeat prescribing.

Of the six candidates up for re-election, only two failed: John Bahnford and Michael Burden. William Darling, Marshall Davies, Christine Glover and Gill Hawksworth were successful in their

bids, polling two, three, five and seven respectively.

Changes to the election procedure had little impact on potential voters, with just under 25 per cent returning papers (9,209 returned out of 39,627 distributed), on a par with last year's response.

However, Mr Burr believes that voters were better informed this year, and this was reflected in the voting patterns. Despite this, he is keen to see an overhaul of the election process, primarily seeking a move from a single transferable vote system to a 'first past the post' approach.

• David Sharpe was set to be confirmed as chairman of the Pharmaceutical Services Negotiating Committee for the 18th consecutive year after Wednesday's PSNC elections, as *C&D* went to press. No one was standing against him.

However, his time on the Committee is limited. Mr Sharpe will be relinquishing his seat at the end of his current three-year term as a National Pharmaceutical Association nominee, since he does not intend to seek re-election to the NPA Board in 1998.

Wally Dove (also an NPA nominee) and David Coleman were contesting the vice chairman's position.



The National Pharmaceutical Association has appointed its team of six regional service co-ordinators. They are (left to right and from back to front) Karen Davis (central England), Sandra Parnham (nurse co-ordinator), Andrew Riley (northern England), Sue Kilby (southern England), Allan Gilbert (Wales and West Midlands) and Alison Strath (Scotland/Northern Ireland). They are seen here with new NPA chairman Wally Dove (far left), professional and services manager Mary Allen (second left) and NPA director Tim Astill (far right), who comments: "Local funding is now firmly established within the NHS and social care. It is essential that ... purchasers are kept aware of the value of the community pharmacist"

W Sussex doctor aims for Vantage chemist

A West Sussex doctor is hoping to take over ownership of a Vantage Chemists — thanks to his dual registration.

Dr Paul Daniels of the Lime Tree surgery, Findon Valley, who registered as a pharmacist in 1981, hopes to officially take over ownership of the franchise pharmacy from John Gullick on May 30. It is understood that Dr Daniels will become the superintendent pharmacist; Mr Gullick

will remain as pharmacy manager. However, Dr Daniels would not comment on why he is taking on the pharmacy.

West Sussex LPC secretary Peter Dobson says the FHSA's decision is open to appeal from local pharmacists. However, "the pharmacy and surgery are sufficiently far out of Worthing to service a discrete population and the majority of scripts would go to that pharmacy".

Cash for community services update

Community pharmacists in south London are being paid \$50 to provide Lambeth, Southwark and Lewisham Health Commission with details of their pharmacy services.

All 182 premises within the region have been asked to participate in 90-minute interviews aiming to identify models of good pharmacy practice and enable the Commission to support further training for pharmacists and counter assistants. This information will be used to develop the Commission's three-year purchasing plan, due in September, says Health Commission pharmacy contracts manager Peter Richardson.

The \$45,000 project, funded by Tomlinson money, will also question consumers and a random sample of 50 GPs.

The survey is being conducted by the Consumers and Community Pharmaceutical Care Research Centre.

North West Anglia stumps up £150,000 for excellence project

Community pharmacists in North West Anglia are being offered training payments, plus \$600 in a new 'Working for excellence' project.

The local health commission has agreed to provide \$100,000 in the first year and then \$50,000 a year for an unspecified period to fund the project.

Pharmacists must fulfil certain criteria, such as:

- participate in four training sessions, mainly relating to the Health of the Nation target areas. Time spent on course attendance or distance learning work would be paid for
- ensure staff members complete appropriate medicines counter assistant's course or dispensing technician's course (payment for

this training will be provided)

- offer premises conforming to Royal Pharmaceutical Society and certain consumer standards
- take part in the health commission's co-ordinated campaigns — asthma will be first
- choose two from a list of additional services, such as needle and syringe exchange, domiciliary visiting and advising GPs on prescribing
- take part in 'locality primary healthcare meetings'.

The project will be launched in Peterborough on June 8 and Kings Lynn on June 20, when pharmacists can obtain information packs. Participants who meet all the targets by June, 1996, will receive a lump sum of \$600, plus a 'Working for excellence'

certificate and corresponding window sticker.

Judy Clarke, NW Anglia's pharmaceutical adviser who is running the scheme, told *C&D* she hopes that at least three-quarters of the 59 pharmacies in the region will take part, but "we don't necessarily expect them to complete in year one".

The funding has come from the health commission's new development budget.

• The health commission's pharmacy liaison group is developing initiatives on repeat prescribing in the elderly, expanding to include domiciliary visiting. This will be funded by over \$150,000 from the \$1 million the Department of Health has set aside for prescribing projects.

NI agrees interim 1995/96 pay offer

The Pharmaceutical Contractors Committee has agreed a provisional payment for Northern Irish contractors for the 1995-96 financial year.

However, should the national settlement necessitate an adjustment in fee levels, this will be accommodated during the year, says Thos O'Rourke, the PCC secretary.

From April 1, NI contractors will receive:

- \$1.36 dispensing fee for up to 1,300 prescriptions, 88p for each prescription thereafter
- \$700 per month (\$8,400 a year) allowance for the provision of additional professional services to pharmacists dispensing at least 1,300 prescriptions a month
- graduated payments of \$350-\$699.30 to pharmacists dis-

pensing 800-1,299 scripts per month

- an increase in the coding fee to 3.6p
- essential small pharmacies will receive \$1.36 for each prescription by which the number actually dispensed per month falls short of 1,300, subject to a maximum of \$952 (700 x \$1.36)
- an increase in the dispensing fee related to period of treatment of 48p
- an increase of 2 per cent in all other fees.

The PCC calls the interim offer "satisfactory", in that it "pays our people some extra money from April 1 rather than having to get a back-payment". It will take up proper negotiations with the DHSS following the national settlement, says Mr O'Rourke.

Over 5,000 registrations for NPA's Interact

Over the last four weeks, approximately 5,000 pharmacy assistants have registered for the Pharmacy Interact programme.

The new interactive training programme, developed by the National Pharmaceutical Association and de Brus Marketing Services, is designed to satisfy the new training requirements for the Royal Pharmaceutical Society.

As soon as the Council of the RPSGB decides who will accredit the training courses for pharmacy assistants, the NPA will submit the new programme for its approval.

Pharmacy Interact is a modular training programme of 18 parts, which is delivered to the assistant in the workplace monthly. They are required to spend two to three hours on each module and complete a test which is returned to de Brus for assessment and feedback. Pharmacy Interact replaces the NPA's assistant training manual.

The Medicines Counter Assistants (Parts I and II) courses, which provide 'off the job'



training, will also be submitted for accreditation.

The cost of the Pharmacy Interact programme, per assistant, is \$49.50 (plus VAT) for NPA members and \$175 (plus VAT) for non-members. The subsidised cost is possible due to sponsorship provided by Reckitt & Colman.

Customers don't mind questions about medicines

Consumer research has shown that only a minority of people dislike the idea of being asked questions when they are buying medicines.

Over half the respondents in a survey carried out by NOP Health Monitor in March disagreed strongly with the statement: "I don't like being asked any questions about what I buy in a pharmacy." A further 27 per cent disagreed slightly.

Only 5 per cent agreed strongly and 11 per cent agreed slightly.

Similar replies were obtained when consumers were asked whether they would go elsewhere if they were asked a lot of questions. A total of 77 per cent said they would not. Most (94 per cent) of those surveyed agreed with the statement that: "It is a good idea to be asked questions when buying medicines at the pharmacy counter."

The research also showed that for three-quarters of the 272 people who had been into a pharmacy to buy a medicine in the previous two weeks, their first contact was with a counter assistant.

The research was commissioned by the Proprietary Association of Great Britain.

'Above average' local pay for Essex

Essex Family Health Services Authority has rewarded contractors with "above the national average" devolved pay.

Essex Local Pharmaceutical Committee chairman Bharat Patel notes with delight the results of locally devolved pay.

Regarding Sunday and bank holiday services, from April 1, Essex contractors can now claim \$30 for a one-hour service or, if registered accordingly, \$50 for two. For providing a service on

weekdays, a rate of \$9 an hour has been agreed.

Payment rates for residential and nursing homes have also been re-negotiated. Pharmacists already providing advice to the residential beds of a dual registered home will receive a \$64 initial fee for providing advice to the whole home. The annual fee will be paid on the basis of the total number of residential and nursing beds.

Other revised fees are: initial

visit, \$61; annual fee, \$320 for less than 20 beds, or \$480 for more than 20.

Commenting on the negotiations outcome, Mr Patel believes the offer contains realistic fees and represents an acceptable "middle ground".

With the anticipated increases in locally devolved funds, Mr Patel stresses the importance of "setting the ball rolling in the right direction. We have made some solid contacts", he says.



pharmacy week

ask your pharmacist about medicines

june 19-25 1995

W Yorks attracts senior officials for presentation

Top Government health chiefs are expected to attend West Yorkshire area's local pharmaceutical committees' Pharmacy Week presentation.

The effort, which targets purchasers and is being supported by Leeds, Wakefield & Pontefract, Calderdale and Kirklees LPCs (C&D March 11, p383), has secured a promise of attendance from Jon Merrills, deputy chief pharmacist at the Department of Health.

Invitations have also been issued to the NHS Executive, as well as key local decision-makers, but no replies have, as yet, been received.

The planned short presentations have now been finalised, and posters and practice research papers will be carried on subjects which will include monitored dose systems, compliance aids, health promotion, hosiery and trusses.

Sussex seeks inter-county support

Brighton & Hove pharmacists are inviting colleagues from neighbouring counties to support a local media advertising push for Pharmacy Week.

The Sussex branch is inviting neighbouring National Pharmaceutical Association members and Royal Pharmaceutical Society branches to take out advertising in the local *Evening Argus* to complement editorial coverage.

A Pharmacy Week support pack is being provided and it is hoped that the coverage will appear on Pharmacy Week Monday. With more support, says Brighton & Hove branch secretary David Blake, the advertorial could grow into a supplement.

• The branch has also secured £250 in prize money for a window display competition. Details are yet to be finalised.

Charity begins with Essex pharmacy

Romford pharmacist Tariq Mahmood is running three charity consumer competitions for Pharmacy Week.

Mr Mahmood is hoping to raise \$500 from entry fees which will be

donated to a local hospice.

Entries will be judged on Pharmacy Week Friday and it is hoped that the handing over of the hospice cheque will be televised locally.

Gloucester strategy

Gloucester Local Pharmaceutical Committee is to publish a strategy document aimed at supporting community pharmacy during Pharmacy Week.

The document, which will have a 2,000-copy print run, will examine the current and future role of the pharmacist. It is hoped that a local celebrity will be available to officially launch the document on Pharmacy Week Tuesday.

The aim of the strategy, says LPC secretary Dr Christopher Dunn, is to raise the profile of community pharmacy.

Pharmacists receiving the strategy are also being invited to use its front cover for a colouring competition for children.

Welsh aim to post it

Welsh pharmacists are to add 'Ask your pharmacist about medicines' posters to their portfolio of Pharmacy Week activities.

Pharmacies in Gwent and Mid-and South-Glamorgan will receive custom-made posters citing local case studies concerning medicine compliance.

The aim of the initiative, says Peter Jenkins, Welsh Executive member, is to highlight just what the pharmacist can do for the patient.

• On Pharmacy Week Thursday, the Welsh School of Pharmacy will hold a 75th anniversary evening reception. Key Welsh Office representatives have been invited.

Stockport goes to town

Stockport and District pharmacists have booked space in a town centre free health information and advice shop for Pharmacy Week.

The three-day display, which has been organised by the local Royal Pharmaceutical Society branch, aims to explain to the public the 2WHAM counselling

technique, plus to provide information on hayfever, sun protection, indigestion and holiday health matters. At least two pharmacists will man the stand and will be able to offer counselling on asthma and smoking cessation.

The event will be promoted via window displays and flyers.

Pharmacy Week - C&D to award £1,000 to best local contribution

Throughout the UK, branches of the Royal Pharmaceutical Society, local pharmaceutical committees, other pharmacy groups and individual community pharmacies have been planning initiatives to promote the profession during Pharmacy Week. Some of these projects have already been publicised in the pharmaceutical press, but there must be many more yet to be unveiled.

So that local efforts to promote pharmacy to the public can continue, *Chemist & Druggist* is offering a prize of £1,000 to the body with the initiative which, in the opinion of a distinguished panel of judges, makes the most significant impact on consumers. The intention is that constructive and imaginative use of the prize money will

enable that body to continue its good work in developing awareness of the pharmacist's healthcare role in its local area.

To enter, complete the form below and, on a separate sheet of paper outline the project in no more than 500 words. You will need to include details such as:

- the participating organisation(s)
 - the objective of the scheme
 - the materials used (eg Pharmacy Week resource pack, posters, local advertising)
 - the amount spent and any sponsorship brought in
 - a description of how the scheme operated
 - the outcome (as far as you can determine).
- Please submit material, such as photographs, newspaper clippings, letters from the public, etc, which will support

your entry. Presentation is important in that it will make it

easier for the judges to reach a decision.

ENTRY FORM

Entries should reach this office by July 14: address them to **The Editor, Pharmacy Week Prize, Chemist & Druggist, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW**

Name.....

Address.....

Daytime phone no.....

Organisation

Temazepam capsules head for ban

Doctors are likely to be banned from prescribing temazepam gel-filled capsules in the wake of reports of escalated abuse of the drug.

The Home Office and the Department of Health have initiated a three-month consultation period to discuss a possible ban, following comments by Tony Newton, leader of the House of Commons, last Wednesday. He announced plans for immediate steps to reduce the misuse of temazepam by introducing safe custody controls for manufacturers and wholesalers under the Misuse of Drugs Act 1971.

The Home Office is still debating whether to re-schedule the drug. Although there is no word of when a decision will be announced, *The Independent* newspaper understands that temazepam will remain as a Schedule 4 drug.

- The Government has unveiled a new White Paper, 'Tackling Drugs Together', addressing drug misuse in England, with \$5.9 million for school education, \$8.8m for local drug teams, a \$5m publicity campaign and \$1m to help young people at an early stage of abuse.

The Government has also underlined its commitment to the 24-hour national drugs helpline set up last month. Callers should ring 0800 776600 for advice.

'Tackling Drugs Together' is available from HMSO bookshops, priced \$7, ISBN 010-128-462-4.

Nurses want to prescribe the pill

The majority of practice nurses would like to prescribe both the contraceptive and 'morning after' pills.

Of the 124 practice nurses who responded to a Family Planning Association survey, 59 per cent said they would like to prescribe the contraceptive pill and 82 per cent the 'morning after' pill.

Eight out of ten said they already re-issue women with the pill, while 37 advise GPs on prescribing.

Both the Royal College of Nursing and the Royal College of General Practitioners have backed the notion of nurses prescribing contraceptives, provided appropriate training is in place.

What's needed to recommend quality brands



I am pleased to see that the Proprietary Association of Great Britain is sufficiently concerned about the future of independent pharmacists that it has agreed to discuss joint initiatives with the Royal Pharmaceutical Society and the National Pharmaceutical Association (*C&D* May 13, p752).

Even the PAGB must now realise that the independent sector is vital for the dynamic development of new products, that profit is not a dirty word and that all the players must be treated fairly. It is all very well for John Lawson to suggest that I throw my generic ibuprofen out of the window and instead sell Nurofen, but the accepted logic, that by so going I will make more actual profit per sale, takes no account of my customers' desire for a competitive product, the value of the goodwill thus generated or the potential for manipulation by providing Crookes with a market monopoly.

I do accept that there are times when the more expensive product would make a reasonable recommendation, but Mr Lawson must, in turn, accept that I am not encouraged to sell his bonus of 13 to the dozen and establish the brand when Big Brother up the road is buying the same product at 16 to the dozen.

What I require is equity of purchase and a good flat rate profit on small purchases. Then I will wholeheartedly co-operate in promoting the

Topical Reflections

quality branded products I know the pharmaceutical industry so efficiently produces.

Asthma still growing — as is dispensary stock!

Dr Sharon McCullough is right to point out that my comments on the new Becoforte Integra were a little premature (*Letters C&D* May 13). I can only say in my own defence that advances in the treatment of asthma are progressing at a much faster rate than my poor brain is currently able to assimilate!

This rapid progress should make the treatment more efficient, but at the same time I fear the spectre of many hundreds of pounds worth of outdated stock sitting on my shelves until the expiry date determines its final and expensive resting place.

Now Allen & Hanburys has launched another innovation, a new breath-operated dry powder device, called Accuhaler. Presently available as Serevent, and in four different strengths of Flixotide, a single stocked unit of each will require a stock investment of £115.46. Once Becotide and Ventolin formulations are added this, coupled with my present stockholding of diskhalers and rotacaps, it will add up to a frightening investment in stock.

Asthma is still a growing problem, and these delivery system advances have my unequivocal professional support, but I am no longer able to shoulder the burden of

such an enormous capital investment.

A&H must recognise that this is a real problem and that if the patient's treatment is not to be compromised, the company must immediately introduce a programme of compensated phased withdrawal of its older products. For my part, if I was offered extended credit and stock exchange, I would be happy to stock a comprehensive range of all the company's new product launches.

In support of mandatory education

The Royal Pharmaceutical Society is seeking its members' views as to whether continuing education should be mandatory or voluntary, and from the results of the debate so far opinion seems to be evenly divided (*C&D* May 13, p752).

My views are probably clear from my recent comments on developments within the College of Pharmacy Practice, but I will repeat, for the benefit of the tellers at the RPSGB, that I believe that reasonable mandatory requirements are essential. Contrary, however, to the misprint in last week's *Xrayser* column I do not consider it necessary for continuing education to be accompanied by formal examinations.

I would predict that once all pharmacists have experienced the stimulation of well-run courses, their appetites will need no further whetting and that examinations could be counterproductive to encouraging further involvement.

SCRIPTspecials

Adalat LA for angina

Adalat LA (nifedipine) is now licensed for the treatment of angina. Adalat LA is available in 30 and 60mg strengths.

Bayer plc. Tel: 01635 39000.

Juvela Crispbread

Scientific Hospital Supplies has added crispbread to its Juvela range of gluten-free products. The fibre-rich crispbread is available on prescription with a basic NHS price of £4.60 for 360g. Scientific Hospital Supplies (UK) Ltd. Tel: 0151 228 1992.

Metoclopramide injection

APS Berk has discontinued Berk Metoclopramide Injection 2ml Amp x 10. The company has no further stock of this product. Berk Pharmaceuticals. Tel: 01132 380099.

Thixo-D recipes

A new recipe leaflet, with special drinks for dysphagic patients, has been developed by Sutherland Health in co-operation with dietitians in Portsmouth. The recipes in the free, eight-page booklet are based on Thixo-D.

Sutherland Health Ltd. Tel: 01635 874488.

BP booklet

'Healthy Blood Pressure' is a new booklet from Omron Healthcare, to help pharmacists explain hypertension to their customers. A free supply of booklets can be obtained by writing to:

Omron Healthcare Patient Booklet Offer, 17 Kings Road, Walton-on-Thames, Surrey KT22 2RA.

B-D shorter needle

Becton Dickinson has launched a new short 8mm insulin pen needle (30G), which is compatible with all leading insulin pens. The pack, containing 100 needles, has a trade price of £7.35 (retail £9.80).

Becton Dickinson UK Ltd. Tel: 01865 748844.

Zofran Flexi-Amp

Glaxo is introducing Zofran (ondansetron) Flexi-Amp plastic ampoules to replace the glass variety.

Glaxo Laboratories Ltd. Tel: 0181 990 9444.

New option for contraception

Mirena, an intra-uterine contraceptive system from Pharmacia-Leiras, gives women who want reliable reversible contraception another choice.

It is a T-shaped plastic intra-uterine system which continuously releases levonorgestrel topically in the endometrium, providing a contraceptive effect for up to three years. Thus it combines the benefits of both hormonal and intra-uterine forms of contraception.

Its principal action is hormonal, acting in a similar way to the progestogen-only 'mini-pill', preventing endometrial proliferation, thickening the cervical mucus to inhibit the passage of sperm and prevention of ovulation in some women in some cycles. However, because the device releases the hormone locally, the dose can be much lower than in the oral con-

traceptive pill. Over a week, Mirena delivers the equivalent of only one or two mini-pills, instead of seven, so hormonal side-effects should be reduced.

It also exerts the contraceptive effect of a foreign body in the uterus. Unlike conventional IUDs, which often increase menstrual blood loss, the device has been shown to significantly reduce blood loss (by up to 70 per cent in some cases) and approximately one woman in five will cease having periods after one year's use. Therefore it may be particularly useful for contraception in women who suffer from heavy periods.

Use of conventional coils can increase the risk of infection in some women, but Mirena users appear to have a reduced risk of infection, possibly as the thicker cervical mucus prevents some bacteria entering the uterus.

The device is effective for three years and in clinical trials has proved highly reliable, with a pregnancy risk of around 0.15 per 100 women-years. Fertility returns to normal as soon as the system is removed. There is also a low incidence of ectopic pregnancies and pelvic inflammatory disease even in a high-risk group.

For the first few months after insertion some women have continuous, slight bleeding, but with good pre-insertion counselling most women accept the short-term discomfort.

The fitting of Mirena is the same as for the most commonly-used IUDs in the UK. However, the manufacturer recommends that the system should only be fitted by health professionals with practical training.

The basic NHS price is \$99.25. Pharmacia-Leiras Ltd. Tel: 01908 661101.

Easier inhaler use with Accuhaler system

Allen & Hanburys' Flixotide (salmeterol xinafoate) and Serevent (fluticasone propionate) are now available in a breath-operated delivery system — the Accuhaler — which promises easier patient use.

The disc-shaped Accuhaler is a dry powder device, which contains 60 pre-measured doses in a

CFC-free, breath-activated inhaler. As well as a dose counting mechanism, each dose is delivered with a slight lactulose taste to reassure patients of successful administration. The dose for both Accuhalers is one blister twice daily, for adults and children over four years.

The company says that most

Accuhaler variants are cheaper than the corresponding Diskhaler packs on a cost per day basis.

The basic NHS prices are: Serevent 50mcg, \$29.97; Flixotide 50mcg, \$8.23; 100mcg, \$12.80; 250mcg, \$24.23; and 500mcg, \$40.23.

Allen & Hanburys Ltd. Tel: 0181 990 9888.

MEDICAL MATTERS

Side-effects cause problems in treatment of schizophrenia

Patient compliance is the most commonly-encountered problem with schizophrenia and is overwhelmingly linked to the side-effects of drugs, according to a multi-attitudinal survey.

Among the 100 sample psychiatrists interviewed, over half cited compliance as a problem and four-fifths said this was a result of side-effects. To improve compliance more than half resorted to patient education, with an emphasis on the importance of supervision and better patient/professional relationship.

A third of the sample thought depot injections were an appropriate method of achieving compliance.

Among the 200 general practitioners surveyed, 85 per cent prescribed Melleril and 75 per cent Depixol. Although four in ten had heard of Risperdal, only 17 per cent prescribed it.

Despite funding problems, almost a third of psychiatrists and a quarter of GPs believe the new antipsychotics have contributed to change in care and treatment over the last ten years.

Retinova launched for photodamage

Retinova, a new emollient cream for the treatment of the symptoms of photodamage, has been launched by the ortho division of Janssen Cilag.

The product is indicated for the topical treatment of mottled hyperpigmentation, roughness and fine wrinkling of photo-damaged skin due to chronic exposure to the sun.

Retinova should initially be applied once daily and increased to one to three times a week after maximum benefit has occurred.

Available on private prescription only, it costs \$13.75 for 20g. Further details next week.

Janssen Cilag ortho division. Tel: 01494 567345.

ANNOUNCING A MAJOR NEW INITIATIVE FOR COMMUNITY PHARMACISTS

healthcare market place is changing
rapidly.
patient demand is increasing
commercial competitive pressures are
rising.

It's time for the Community
pharmacist to have a voice. This is why
we have established the Zeneca
Community Pharmacy Liaison Group.

This hand-picked team has been
created to help you maximise
commercial viability. The Group can
draw upon a wide range of expertise to
develop support services and initiatives
tailored to meet your needs.

How your voice can be heard

To do this, the Group needs your
input. Over the next few weeks we will
be conducting a major Community
Pharmacy Survey – the first of its kind.
The Survey is your chance to have your
views heard by a major pharmaceutical
company with extensive pharmacy
experience, about the problems you face
in the business issues that most concern
you. With this information we intend to
work together to devise the strategies and
initiatives that best help your business.

If you would like to be part of this
initiative, please telephone the
number below. You can be sure that all
information will be treated in the strictest
confidence.

ZENECA

COMMUNITY PHARMACY LIAISON GROUP

Zeneca Community Pharmacy Liaison Group
Advice from ZENECA Pharma, King's Court,
Lane, Wilmslow, Cheshire SK9 5AZ

THE ZENECA COMMUNITY
PHARMACY SURVEY

FREEPHONE
**0800
374970**

SB launches dual action Tagamet liquid formulation

Smithkline Beecham has extended the OTC Tagamet range with a liquid formulation. Tagamet Dual Action Liquid combines sodium alginate with the H₂-antagonist cimetidine.

The company says the unique formula will offer indigestion sufferers rapid and sustained relief. Each 10mls of the peppermint- and fruit-flavoured liquid contains 500mg sodium alginate and 200mg cimetidine. Sodium alginate forms a protective layer on the stomach contents which prevents acid reflux into the oesophagus. Cimetidine, as an H₂-antagonist, reduces excess acid production in the stomach. According to SB one dose of the liquid can provide symptomatic relief for up to six hours.

The recommended dose for adults and children over 16 years is one 10ml dose when symptoms appear. If they persist for more than one hour, a second 10ml dose can be taken. No more than two doses should be taken in any period of four hours and



no more than four in any 24-hours. The liquid should be well shaken before administration.

The 200ml pack will retail at \$4.99. At present the product is not available on prescription, but the company says it is considering the option.

SB is supporting the launch of Tagamet Dual Action Liquid with a "highly targeted and integrated" campaign,

including national TV advertising starting in July, educational material for consumers, new POS material and a training video for pharmacies. The SB Pharmacy Support Team, launched in February, will be making regular visits to pharmacies to help in the promotion of OTC Tagamet.

Smithkline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Osteocare goes Underground

Vitabiotics is supporting its Osteocare tablets with a major London Underground ad campaign.

Starting from June 1, there will 4,000 poster sites inside tube trains for a total of six weeks.

Osteocare is the company's third brand in a series of three Underground campaigns. The first started in January with Pregnacare, followed by Premence in April. **Vitabiotics Ltd. Tel: 0181 963 0999.**

Weleda's birthday book

As part of its 70th anniversary promotional campaign, Weleda has published a new guide to homeopathic and anthroposophic medicines.

Copies are available free of charge to retailers to give to customers. ● The company has also launched a consumer publication, *Weleda Revue*, free to retailers to distribute to customers. **Weleda UK Ltd. Tel: 01159 9309319.**

Lady Jayne goes back to school

Lady Jayne's new range of hair accessories is designed specially to complement traditional school uniform colourways.

The children's bandeaux, scrunchies and hairslides are packed in five separate, clearly branded, acetate drums in burgundy, dark green, navy blue, black and brown.

Back to School drums retail at \$1.49. **Laughton & Sons Ltd. Tel: 0121 436 6633.**



Bazuka verruca gel on display

An orange Perspex counter display containing 12 Bazuka verruca treatment packs is now available from Dendron at a special introductory price.

The counter display also incorporates a consumer information leaflet entitled 'A Guide to Verrucas, Warts, Corns and Calluses'. There is

also a show card with a three-dimensional extended foot.

● There's also a chance to enter a competition to win a trip to Milan (or \$1,000 of Gucci shoes or the cash equivalent) by teaming up famous personalities with their feet!

Dendron Ltd. Tel: 01923 229251.

Sniffing scent stops smoking

Logado offers smokers a novel way to quit: a quick sniff of a blend of natural scents said to allay the craving for a cigarette.

The product incorporates 19 scents, including tobacco, lavender, menthol, eucalyptus, orange and honey.

The unlicensed GSL product can be used as often as needed, with the effects lasting for 30-60 minutes. It is claimed that it takes, on average, eight weeks until cessation is achieved.

As it is a natural product, it is safe for long-term use and for pregnant women and those where nicotine therapy is contra-indicated.

Logado comes as a green pocket inhaler at \$15.95 for four-six weeks' supply. The inhaler format is said to counter quitters' need to hold a cigarette.

The May launch is being supported with educational material for pharmacists, GPs and practice nurses. Pharmacists will also

receive window display cards, door stickers, consumer leaflets and a pre-packed dispenser of 12 units (\$122.16).

There will be national TV running through September, with a second burst in the new year, backed by a consumer information line: 01233 426410.

Chefaro Proprietaries Ltd. Tel: 01223 420956.



Which bath treatment do you recommend



Contains soya oil

Problem dry skin

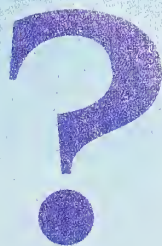
BALNEUM* IS THE EVERYDAY BATHTIME TREATMENT FOR PROBLEM DRY SKIN.

Because BALNEUM is made with pure soya oil which replaces the natural oils lost from the skin, your customers can actually enjoy and benefit from a relaxing bath. BALNEUM mixes well with water and there's no need to use soap. Used everyday, BALNEUM helps keep problem dry skin under control. There's no more effective bath treatment for people with problem dry skin.

BALNEUM*
BATH TREATMENT

For further information please contact your local Whitehall Pharmacy Representative.

Your serious first-line recommendation



Contains lauromacrogols and soya oil

Itchy eczema

BALNEUM* PLUS RELIEVES THE ITCHING OF ECZEMA AND DERMATITIS. FAST.

BALNEUM PLUS offers all the benefits of BALNEUM plus lauromacrogols – a local anaesthetic which relieves itching fast. BALNEUM PLUS is specially formulated to soothe and soften eczematous skin for up to 7 hours. No bath treatment works better or faster to relieve the maddening itch of eczema.

BALNEUM* PLUS
BATH TREATMENT

PRODUCT INFORMATION

BALNEUM* Bath Treatment Active Ingredient: 84.75% w/w soya oil. Uses: For the treatment of dry skin conditions, including those associated with eczema and dermatitis. Dosage: For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. Contra-indications, warnings, etc.: Balneum should not be used for the treatment of patients sensitive to any of the ingredients. Incompatibilities: None stated. Pharmaceutical Precautions: No special requirements. Legal Category: GSL. Package Quantities: Bottles of 150ml. Product Licence Number: PL 0493/0064. Product Licence Holder: E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. Date of Preparation: January 1995. R.S.P.: £4.75.

BALNEUM* PLUS Bath Treatment Active Ingredients: 82.95% w/w soya oil BP, 15% w/w lauromacrogols. Uses: For the treatment of dry skin conditions including those associated with eczema and dermatitis where pruritus is also experienced. Dosage: The bottle is to be shaken before use. For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. Contra-indications, Warnings, etc.: Balneum Plus should not be used for the treatment of patients sensitive to any of the ingredients. Incompatibilities: None stated. Pharmaceutical Precautions: No special requirements. Legal Category: GSL. Package Quantities: Bottles of 150ml. Product Licence Number: PL 0493/0137. Product Licence Holder: E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. Date of Preparation: January 1995. R.S.P.: £5.25.

**MERCK-WHITEHALL
DERMATOLOGICALS**

WHITEHALL

* Trade Mark

BREAKTHROUGH



Product Information: **Presentation.** A white suspension with an odour of fruit and mint containing 500 mg sodium alginate B.P.C. and 200 mg cimetidine. **Use.** Short term symptomatic relief of heartburn, associated with acid regurgitation, especially if provoked by bending over or lying supine. **Dosage and administration** *Adults (incl. the elderly), children 16 years and over.* 10 ml suspension when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose (10 ml) may be taken, but no more than 2 doses in any 4 hours and no more than 4 doses in any 24 hours. Treatment should not be continued for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. **Not to be given to children under 16 years of age.** **Contraindications.** Hypersensitivity to cimetidine or any of the other constituents. **Precautions.** Not recommended in patients with impaired renal function, hepatic impairment, taking oral anticoagulants, phenyl theophylline, intravenous lignocaine, middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer, with compromised bone marrow. In pregnancy and lactation. Use only on a doctor's advice in patients with any other illness, using any medication, under medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDs, especially the elderly. Contains 66 mg sodium per 10 ml dose and this should be included in the daily allowance of patients on sodium restricted diets. **Adverse reactions.** Diarrhoea, dizziness, rash, tiredness, Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, hepatitis, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number.** 0002/0. **Retail Price.** (200 ml) £4.99. **Legal category.** P. **Date of preparation.** 4 April 1995. **SmithKline Beecham Consumer Healthcare.** SB House, Brentford, Middlesex, TW8 9BD. Telephone number: 0181 560 5111.

ROUGH!

NEW Tagamet DUAL ACTION LIQUID

1

Sodium alginate goes to work *immediately*, creating a protective barrier to acid reflux.

2

Cimetidine controls acid production, providing *longer lasting* relief than an antacid.

Tagamet* Dual Action Liquid is now available without a prescription for the short term symptomatic relief of heartburn and associated acid reflux.

New Tagamet Dual Action Liquid is the only OTC product available for your recommendation which not only provides the *immediate* benefit of other alginate liquids, but also has the advantage of an H₂ antagonist for *long lasting* relief.

Please contact your
Pharmacy Support Team representative to
discuss details of the impressive support
programme and introductory offers,
or Freephone the
OTC Tagamet Information Line on
0500 100 222.

Tagamet Dual Action Liquid.
A breakthrough for heartburn.

SB **SmithKline Beecham**
Consumer Healthcare

*Tagamet is a registered trademark of Smith Kline & French Laboratories Ltd.

Quool it be magic?

Allmi-Care has launched a menthol patch for the relief of muscular discomfort.

The locally-acting patch contains 1-menthol in a polymer gel layer, which the company says has a rapid cooling and soothing effect.

The patch can be applied to a wide range of muscles, including the back, neck, shoulder,



arms and legs. Its flexible design allows its use for mobile areas, such as the elbows, knees and feet.

A sachet containing six patches will retail at \$4.70.

Allmi-Care Ltd. Tel: 0115 9243533.

Mavala extends make-up franchise

Mavala, renowned for its nail and lip products, is introducing its first foundation.

The foundation is the first product in a new skin care cosmetic range, called Mavalia. Other products will be introduced at a later date.

Mavalia is a fluid

foundation, which contains vitamin E and sunscreens (titanium oxide and zinc oxide). It is available in six shades and the company says it is suitable for all skins. It will retail at \$11.85, but at an introductory price of \$9.50.

Mavala UK Ltd. Tel: 01732 459412.

Fuji investment

Fuji UK has invested \$2 million in a European-wide television ad campaign. The commercials will be shown in 20- and 10-second versions throughout the summer from late May on ITV and Channel Four.

Fuji Photo UK Ltd. Tel: 0171 586 5900.

Fragrance and treatment in one

Following the success of its Svelte body refining gel, Parfums Christian Dior is introducing a body treatment fragrance.

Eau Svelte promises to be a fragrance and treatment in one.

The bright, floral fragrance is combined with a moisturising complex designed to firm and tone the skin. The

firming agent is madecasside, the purified extract of *Centella Asiatica*.

It is available in two sizes: 100 and 200ml natural sprays at \$16 and \$23 respectively. Packaging mimics the bottle shape of the refining gel and is topped with a fuchsia cap.

Parfums Christian Dior UK Ltd. Tel: 01273 515021.

Collection 2000 blush revamp

The second phase of Collection 2000's relaunch starts in June.

This sees the reformulation of its blusher, new packaging for its nail polish and four new trio eyeshadows and two eyeshadow quartets.

The blushers now contain silk, vitamin E and sunscreens and two new shades have been created.

Collection 2000 Ltd. Tel: 01695 50078.

Freshen up with Rive Gauche

Parfums Yves Saint Laurent has introduced a new twist on its classic Rive Gauche fragrance.

Rive Gauche Fraîcheur is an alcohol-free eau de toilette with reinforced floral notes of bergamot, lemon blossom, jasmine, rose, honeysuckle and peony.

Available in one size only, it will retail at \$27 for 100ml.

Parfums Yves Saint Laurent. Tel: 0171 963 5077.

This year the biggest brand in eyecare once again comes with the biggest support.

To bring you even more customers, we are spending over £2 million on consumer advertising - by far the greatest investment in this area.

It's not just advertising and promotion, but also POS, counter displays, training for your staff and a category management study to help improve your profitability.

It won't be long before new demand for Optrex drives new customers into your pharmacy. Which means that the time to stock up is now.

For a free copy of our comprehensive new Professional Clinical Guide to Eye Care, please contact: Crookes Healthcare Limited, Nottingham, NG2 3AA.



The outstanding choice



Sticking points



A range of training and merchandising materials is being introduced to support the OTC launch of Adcortyl in Orabase for Mouth Ulcers.

The first of these 'The Stuff that Sticks' materials are training booklets — developed in conjunction with the National Pharmaceutical Association — aimed at both the pharmacist and the assistant.

The booklet covers information needed to diagnose and

recommend appropriate treatment of aphthous mouth ulcers.

Merchandising materials include a pyramid-shaped *aide-memoire*, a slimline dispensing tower, shelf edgers and wobblers.

For the assistant there is a key points reminder card and for the consumer there is a pocket-size education leaflet.

Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.

Safety first from Warner Wellcome

Warner Wellcome has introduced a new tamper-evident and child-resistant closure for use with sticky liquid preparations, such as Calpol.

The Safete closure, which is a screw-on type with push and turn action for child resistance, incorporates a perforated label that is pierced by a centre spigot on first opening. The cap liner provides the main barrier to the liquid.

The push and turn closure incorporates a secondary drive mechanism that provides a means of removing the cap should the primary drive fail.

The closure also has the added benefit of a separate opening aid for use by the elderly or arthritic.

Warner Wellcome Consumer Health Products. Tel: 01703 620500.

Training videos from Healthcrafts

Ferrosan has introduced a Healthcrafts-branded training video.

Entitled 'Vitamins, Minerals and Food Supplements', it describes what vitamins are, their role in healthcare and why there is a need to ensure diets

provide a regular intake of nutrients.

Also explained is the Healthcrafts' programme of themed promotions (for which an extensive range of POS material is available).

Ferrosan Healthcare Ltd. Tel: 01932 336366.



Reactolite radio presents ...

Pilkington Reactolite sunglasses are being promoted in a radio campaign featuring actress Penelope Keith.

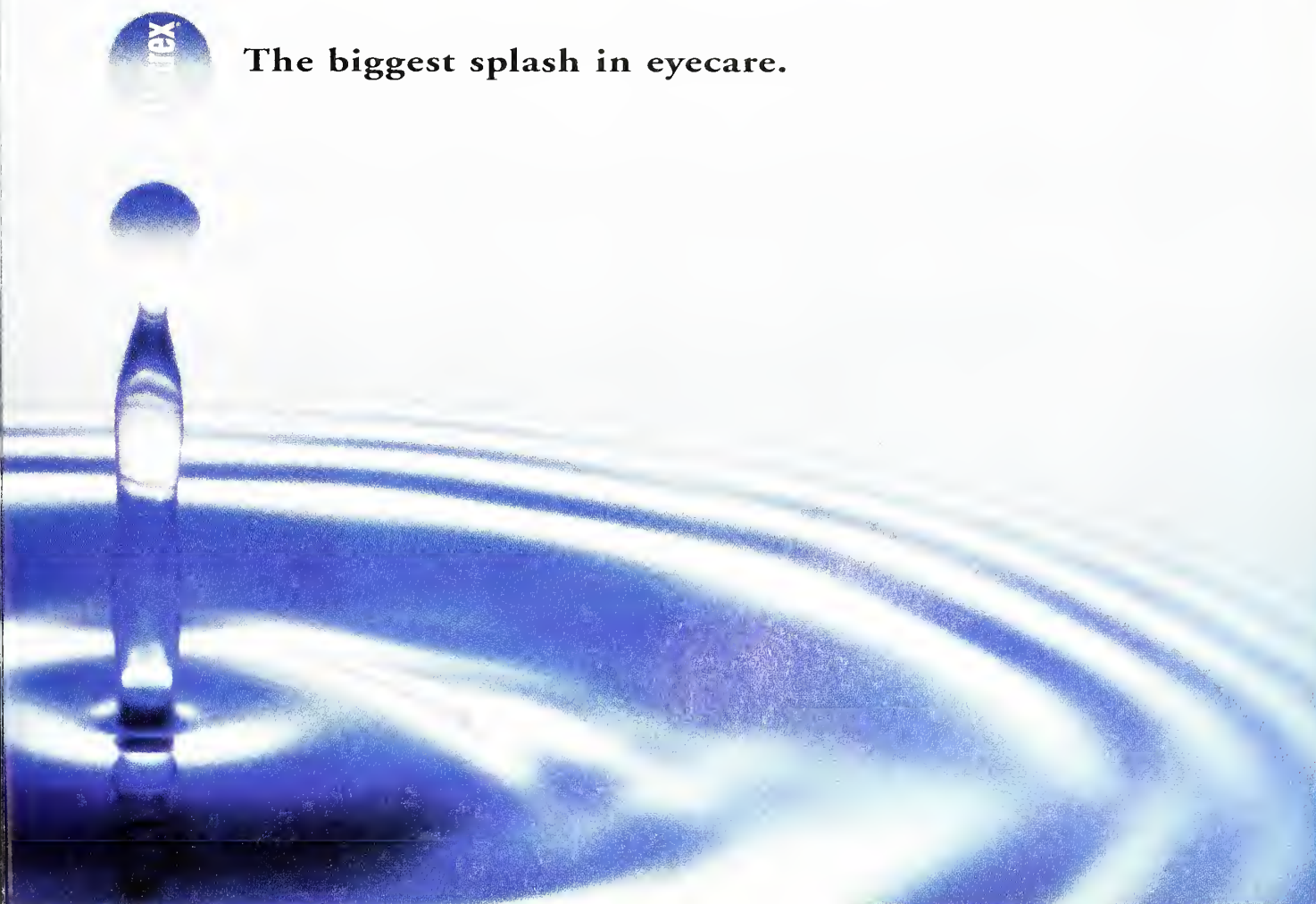
The campaign is running on eight stations, including Classic FM and

Virgin, until July.

The company says that Ms Keith was chosen because she represents the "classy, upmarket image" of the brand.

Pilkington Special Glass Ltd. Tel: 01745 583301.

The biggest splash in eyecare.



Frador price

The recommended retail price of Frador Tincture has increased by £0.10 to £1.79.

Fenton Pharmaceuticals Ltd. Tel: 0171 224 1388.

Wella report

Wella has published a report on the UK consumer hair care industry, called 'All About Hair'. It gives information on the market as well as insight into consumer attitudes, purchasing habits and product usage. Copies are available by writing to:

Anne Kendall, Wella Market Report, Kardelton House, Arthur Road, Windsor, Berkshire SL4 1SE.

Nytol POS

New point of sale material from Nytol includes a giant display pack, shelf edgers, show card and 2WHAM bookmarks.

Stafford-Miller Ltd. Tel: 01707 331001.

Prima promo

Prima Health Products has added a 1,000mg One-A-Day Cod Liver Oil supplement to its own-label range. There are two sizes: 30 capsules (£6.77 per case of six with an rsp of £1.99) and 90 capsules (£16.99 per case of six with an rsp of £4.99). To launch its introduction, the company is making a special offer in the 90s size of 'buy ten cases, get five free'.

Prima Health Products Ltd. Tel: 0161 969 8948.

New fruits from East of Eden

East of Eden is introducing four new core ranges.

They comprise: East of Eden, Essential Aromatics, Sea Mineral Extracts and Lakeland Garden.

East of Eden is a range of toiletries from shampoo (\$1.49) and conditioner (\$1.80) to hand and body cream (\$1.71), in four variants: Sea Breeze, Citrus Press, Wild Heather and Mellow Peach.

Essential Aromatics again is a full toiletries range, including foaming bath oil (\$8.50), after shave balm (\$5.50) and shaving cream (\$4.50), available in five variants: sandalwood, rose, ylang ylang, pink grapefruit and bergamot.

The Sea Mineral

Extracts range includes a facial wash (\$2.28) and a bath soak (\$4.50).

Lakeland Gardens is a gift range in two fragrances, Lavender and Wild Rose, and four

products: bath soak (\$3.95), hand lotion (\$2.95), toilet water (\$4.50) and soap (\$1.95).

East of Eden International Ltd. Tel: 0161 256 4369.



Latest degrees of Fahrenheit

Parfums Christian Dior has added six new products to its Fahrenheit grooming range.

Soothing After-Shave Gel Alcohol-Free (\$17.50) comes in a deep red tube and contains wheat proteins and liquorice extract.

Daily Moisture Complex (\$20) contains hyaluronic acid and glycerol to moisturise, vitamin E and a UV sunscreen.

Natural-Looking Self-Tanner (\$17.50) is a non-oily emulsion cream which gives subtle colour, says the

company, in just a few hours. It is its first fragranced self-tanning product.

Refreshing Body Splash (\$19) is a lighter, fresher version of the Fahrenheit eau de toilette with a stronger menthol note. This is joined by a new Moisturising Body Lotion (\$16) and a Body and Hair Shampoo (\$16) in the same fragrance.

Existing products in the range include: moisturising shaving foam, skin-softening shaving cream and aftershave balm. **Parfums Christian Dior UK Ltd.** Tel: 0171 235 9411.

Head & Shoulders squares up

Procter & Gamble has relaunched Head & Shoulders with an improved formula, square-look packaging and a new ad campaign.

The formula has smaller ZPT (zinc pyrithione) crystals to cover a greater surface area of the scalp.

The 150ml size has been increased to 200ml (\$1.79; 2 in 1, \$2.29). **Procter & Gamble (Health and Beauty Care) Ltd.** Tel: 01784 434422.



Delial on TV

A new TV campaign for Delial breaks next week and runs for five weeks. This coincides with a \$500,000 press campaign which runs until July. **Scholl Consumer Products Ltd.** Tel: 01582 482929.

ON TV NEXT WEEK

Askit Powders: STV, Grampian, C4

Beckman Stain Devils: GMTV

Bisodol Heartburn: All areas except CTV & TT

Delial: C, A, HTV, W, M, CAR, C4

Dove Bar: All areas

Dove Shower: All areas

Fujicolor Super G Film: All areas

Ibuleve Gel: C4

Ibuleve Spray: C4

Imodium: All areas

Johnson's Baby Bath: All areas

Natural Instincts: All areas except B, G, Y, CTV, TT, GMTV

Pearl Drops Whitening Toothpolish: A, C, CAR

Radox: All areas

Seven Seas Cod Liver Oil: C4

Silvikrin: All areas

GTV Grampian, **B**Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Beconase
hayfever

BINGO

Here are the winning numbers for the period 20th May-2nd June.

Check the sticker on the back of your Beconase Hayfever counter unit to see if you've won a **Fortnum & Mason hamper** or even a weekend for 2 in Paris.

Good Luck!

74 48 93 12 55 42 73 64 5 79

LIGHTNING STRIKES TWICE.

*First came award-winning
Fujicolor Super G - now NEW
Fujicolor Super G PLUS puts
Fujifilm light years ahead!*

When Fujifilm introduced Fujicolor Super G, it was as if we had re-invented colour film. And yet, just when everyone thought there simply couldn't be a better film, we announce Fujicolor Super G PLUS. Offering a whole new dimension in vivid, lifelike imaging performance, and a level of photographic quality that no one believed possible. Proving that sometimes, lightning really does strike twice.

FUJICOLOR
SUPER
G PLUS



COLOUR FILM · REDEFINED · YET AGAIN

1/2 m.
national
T.V. advertising
in May.



TAKE A CLOSER LOOK AT BISODOL HEARTBURN*

Contains Magaldrate USP, Alginic Acid Ph. Eur., Sodium Bicarbonate Ph. Eur.

Examine **Bisodol Heartburn**, and you'll discover a real difference from many other heartburn treatments - the proven rafting agent, alginic acid. Alginic acid gives long-lasting protection from the burning pain of rising acid, while two powerful antacids quickly neutralise painful acid in the stomach. So new **Bisodol Heartburn** provides fast-acting and long-lasting relief from heartburn.

We're following last year's massive £2m launch with another £1.2m national TV spend this year. And **Bisodol Heartburn** offers all the advantages of eye-catching packaging and a name that won't leave your customers guessing.

See how sales grow - with **Bisodol Heartburn!**
Contact your Whitehall representative today.

BISODOL HEARTBURN. WORKS FAST AND LASTS.



PRODUCT INFORMATION BISODOL HEARTBURN Presentation: Tablet for oral administration. Each tablet contains Magaldrate USP 400 mg, Sodium Bicarbonate Ph Eur 100 mg and Alginic Acid Ph Eur 200 mg. **Uses:** Alleviates the painful conditions resulting from gastric reflux. It is indicated in heartburn, including heartburn of pregnancy, reflux oesophagitis, hiatus hernia, regurgitation and all cases of epigastric distress associated with gastric reflux. **Dosage:** Adults and the elderly: Suck or chew one or two tablets after meals and at bedtime. Children 6 - 12 years: One tablet after meals and at bedtime. Not recommended for children under 6 years of age. **Contraindications:** Hypersensitivity to any of the ingredients. **Interactions:** Reduces absorption of tetracyclines. **Special Warnings:** Patients with renal impairment should not use this product except under the advice of a doctor. **Side Effects:** Abdominal distension and flatulence may occur. **Effects on ability to drive and use machines:** None stated. **Incompatibilities:** None stated. **Use during pregnancy and lactation:** Can be used during the last six months of pregnancy. **Overdosage:** Abdominal distension and diarrhoea may occur. **Pharmaceutical Precautions:** No special precautions. **Legal Category:** GSL **Package quantities (Ex VAT):** 10 £0.93; 20 £1.66. **Product Licence No:** PL 0165/0080 **Date of Preparation:** April 1995 **Shelf Life:** 3 years.

WHITEHALL LABORATORIES TAPLOW BERKS SL6 0PH. TELEPHONE 01628 669011 *TRADE MARK

WHITEHALL

PHARMACYupdate

Bowel disease

Inflammatory complaints of the bowel are still poorly understood I

Menopause clinic

A novel health promotion from a Stockport community pharmacist V

Community services

How to develop and deliver a pharmaceutical strategy VII

Coping with IBD

Inflammatory bowel disease affects 8,000 new patients every year, yet the aetiology is poorly understood and a lifetime of pharmacological and surgical care beckons, as Marianne Mac Donald reports

is often 'skipping' where only certain areas of the tract are affected.

The lower ileum is the most commonly affected, although the entire colon can be inflamed. Deep fissuring mucosal ulcers can occur and 30 per cent of people with CD develop a fistula where the inflamed intestine adheres to adjacent intestine or organs.

Main symptoms of CD are:

- abdominal pain in 45-66 per cent of cases

- urgent diarrhoea which affects 70-90 per cent of sufferers and is sometimes accompanied by blood

- vomiting
- abdominal swelling
- general tiredness (sometimes exacerbated by rectal blood loss leading to anaemia)
- weight loss, which affects 65-75 per cent of sufferers².

As yet, it is not known what causes CD, although there is evidence that it is genetic

(familial incidence estimated at 6 to 15 per cent³). Other hypotheses include:

- an infective agent. *Mycobacterium paratuberculosis* is thought by some to cause CD on the basis that it produces similar symptoms in sheep and cattle
 - oral contraceptive use
 - a diet high in refined sugar and cereals
 - exposure to measles virus in utero or in very early life. Studies show that people born during measles epidemics are more likely to have CD⁴ as the measles infection remains in the gut
 - immune dysfunction, eg overstimulation of gut immune system by commensal flora, failure to inhibit inflammatory reactions⁵
 - some doctors speculate that
- Continued on p11* ►

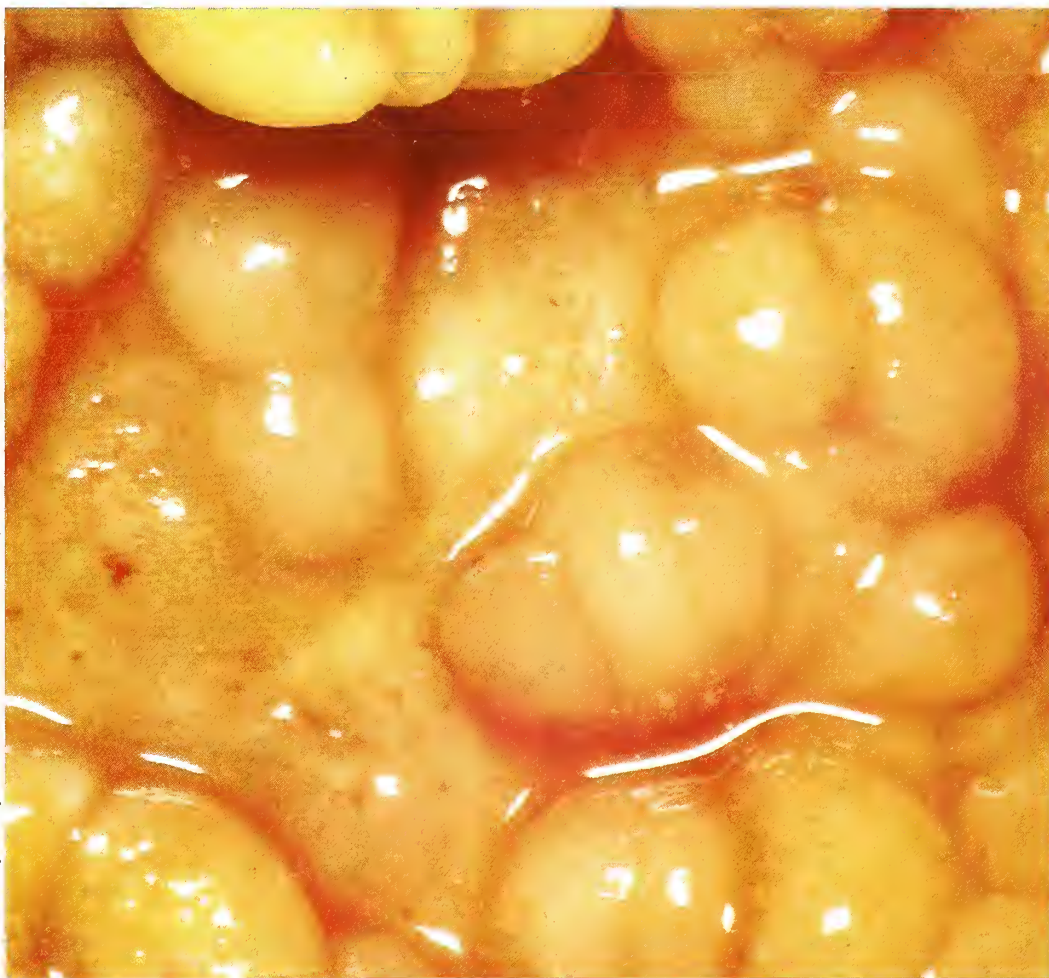
Mr Johnston was 23 when ulcerative colitis was diagnosed, after two months of chronic diarrhoea caused his weight to plummet and emergency hospitalisation was initiated.

He was one of 5,000 people each year who are diagnosed with ulcerative colitis in the UK. A further 3,000 discover they have Crohn's disease, and, in total, 120,000 people are currently affected with some form of inflammatory bowel disease.

While the incidence of ulcerative colitis remains stable, the number of Crohn's cases is increasing every year with a recorded doubling of cases between 1967-87¹. This in itself is proof that the two diseases, while often assumed to be differing severities of the same condition, are in fact separate complaints, although both are characterised by inflammation of the bowel.

Crohn's disease

Crohn's disease (CD) affects 30-40,000 Britons and is usually diagnosed in young people aged 15-25 years. It is a granulomatous inflammation affecting any part of the gastro-intestinal tract. Parts of the tract become inflamed, swollen and thickened. There



The inflamed wall of the small intestine, brought on by Crohn's disease

Picture courtesy of Biophoto Associates/Science Photo Library

◀ *Continued from p1*

CD is a consequence of being raised in very clean households, leaving the immune system open to an infective agent.

Ulcerative colitis

Ulcerative colitis (UC) affects 70-80,000 people in the UK with diagnosis usually made in the 15-35 age group. Unlike CD, which affects the entire GI tract, UC only affects the colon and rectum.

It is characterised by superficial mucosal inflammation and ulcer formation. These leak mucous and blood into the stools giving the classic urgent and bloody diarrhoea symptom. Other symptoms include abdominal pain and tiredness.

The course of the disease falls into two camps:

- chronic intermittent — most patients are in this sector with irregularly recurring attacks interspersed with symptom-free periods
- chronic continuous — alternates between severe and mild symptoms but rarely symptom-free⁷. These patients are prime candidates for surgical intervention.

Like CD, there is no known aetiology. Again, there is support for the infective agent trigger and for dietary influences (eg folic acid deficiency), although this is unproven. Work is under way on analysing the inflammatory process to determine whether UC is a consequence of immunological over-reaction and there is the theory that UC is an allergic response.

The nicotine connection has garnered interest of late as patients who do not smoke have an increased incidence of UC and smoking may improve

symptoms. It is thought that nicotine may exert an effect on inflammatory mediators or by changing the adherent surface mucus in the colon.

One study revealed that 52 per cent of patients with UC developed the disease within three years of stopping smoking⁵. The dilemma lies in whether UC patients should be encouraged to smoke and whether transdermal nicotine patches are equally effective. A study last year showed that the condition of patients with active UC improved when treated for six weeks with transdermal nicotine, usually between 15mg and 25mg over 24 hours⁶.

New research from Nottingham suggests that appendix removal may protect against developing UC.

Complications

Both inflammatory bowel disease complaints are subject to complications: dilation of the bowel (CD) or colon (UC) colon perforation (UC), bowel haemorrhage (UC), eye problems such as conjunctivitis, mouth ulcers, arthritis and ankylosing spondylitis, liver disease and gallstones (CD).

The risk of colon cancer is also increased, but only if the entire colon is affected for at least ten years¹. The risk is inversely increased with age of disease onset.

The risks associated with pregnancy are compounded in females with IBD. In UC, fertility is normal, but if conception occurs at periods of active attacks, then there is an increased risk of miscarriage, premature or still birth. In CD, there is reduced fertility partly because of irregular ovulation or local damage to the fallopian tubes

by the nearby inflamed intestine, although this can be improved with surgery.

As most sufferers will be on maintenance therapy, there is also the fear of teratogenicity, although this does not appear to be a problem.

Drug therapy

Treatment for CD and UC divides into two scenarios: acute treatment in hospital and maintenance therapy in the community. In the main, both rely on the same drugs.

• **Corticosteroids**, such as prednisolone — used only in acute phase as the high incidence of side-effects makes them unsuitable for maintenance use. In acute exacerbations, high-dose hydrocortisone or methylprednisolone is administered, switching to oral prednisolone over a maximum of 12 weeks. The dose is decreased until, at the end of this period, it is around 10mg. Alternatively, prednisolone is given as a rectal enema or suppository — in theory, to reduce the incidence of side-effects and to offer local, topical relief.

However, the National Association for Colitis and Crohn's reports that some CD patients are maintained reasonably well on low-dose steroids and a recent Canadian study offers hope. Budesonide produced CD remission in over half of trial patients, while having a reduced incidence of side-effects. But, as yet, there is no evidence that long-term use will prevent relapse⁷.

• **Sulphasalazine** — a dual moiety combining the sulphonamide, sulphapyridine, and 5-aminosalicylic acid (5-ASA) which exerts an anti-inflammatory effect.

While used in acute and maintenance therapy in UC and CD, it has two side-effect profiles: one for its sulphonamide moiety, such as neutropenia and oligospermia; and its 5-ASA portion (mainly gastro-intestinal).

• **5-ASAs** dispense with the sulphonamide moiety and hence have a reduced side-effect profile. Two 5-ASAs are available for treating UC: mesalazine and olsalazine.

Their use in CD has yet to be fully evaluated, although Dr John Mayberry, consultant gastro-enterologist at Leicester General Hospital and author of clinical IBD guidelines, says 5-ASAs, given in high doses as a maintenance therapy, may reduce the risk of occurrence of colonic CD.

When sulphasalazine or 5-ASAs are initiated in acute treatment appears to depend on local guidelines. Dr Mayberry begins administration straight away, as the drugs "take three weeks to kick into action". Although they can be given either by mouth or by enema, it is believed the former is more appropriate for use in such ill patients.

In maintenance therapy, topical treatment in the form of enemas and suppositories are of use in distal colitis, but in more widespread IBD the oral version is more effective.

• **Azathioprine** — used as a maintenance therapy in CD and UC, but its haematological effects limit use and render it a second line choice.

Some experts believe that azathioprine combined with prednisolone is of use in the acute phase, giving faster remission than lower-dose prednisolone used singly⁸.

• **Cyclosporin** — some
Continued on p14 ▶

Drugs used in Crohn's and colitis

Drug	Condition	Acute dose	Maintenance dose	Side-effects
Azathioprine	CD/UC	-	1-3mg/kg/- bodyweight/daily	Malaise, dizziness, rigours, cardiac dysrhythmia, hypotension, bone marrow depression, arthralgia
Mesalazine	UC	Tabs: 2.4g daily in divided doses Supps: 0.75-1.5g in divided doses Enema: 1-2g daily Caps: 1-3g in dd	Tabs: 1.2-2.4g daily in dd Supps: as acute Enema: as acute	Nausea, diarrhoea, abdominal pain, headache, nephrotoxicity
Olsalazine	UC		0.5g twice daily	Watery diarrhoea, abdominal cramps, nausea, dyspepsia, rash, arthralgia
Prednisolone	CD/UC	High IV dose initially, reducing to around 10mg oral dose	-	Dyspepsia, hypokalaemic acidosis, Cushingoid faces, menstrual irregularity, hirsutism, insomnia
Sulphasalazine	CD/UC	Tabs: 1-2g qds Enemas: 3g daily Supps: 0.5-1g morning and night	Tabs: 2g daily Enemas: as before Supps: as before	Neutropenia, stomatitis, vertigo, insomnia, depression, oligospermia, nausea, vomiting, headache, rash

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Indication: Soft pessaries. Therapeutic indications: Vulvovaginal candidiasis. Dosage and administration: *Adults*: One 200 mg pessary deep into the vagina at bedtime for 3 days, or one 600 mg pessary once only deep into the vagina at bedtime. *Children*: Not recommended. Contraindications: Hypersensitivity to the product and other imidazoles. Side-effects: Occasional transient burning. Precautions: Discontinue and consult physician if hypersensitivity or resistance occur. Pregnancy and lactation: Oral fenticonazole in rats has produced prolonged gestation and embryotoxic effects above 40mg/kg/day, but is not teratogenic in rats or rabbits. Does not interfere with the function of gonads and first phases of reproduction.

Fenticonazole or its metabolites cross the placental barrier in pregnant rats and rabbits after vaginal application and are excreted in milk of lactating rats. Since there is no experience of use during pregnancy and lactation Lomexin should not be used unless the physician considers it essential to the welfare of the patient. Interactions: Since systemic absorption after vaginal application is low, interactions with other drugs are unlikely to occur. Do not use in conjunction with barrier contraceptives. Pharmaceutical precautions: None. Package quantities: 3 pessaries per pack (200 mg), 1 pessary per pack (600 mg). Legal category POM. Product licence numbers: PL 0032/0209 (200 mg), PL 0032/0210 (600 mg). Holder of product licence: Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2LZ. Date of preparation or last review: February 1995. Pricing information: £3.29 (200 mg), £3.29 (600 mg).

References 1. Data on file. 2. Lawrence AG *et al.* *Curr Med Res Op* 1990; 12 (2): 114-120, plus data on file. 3. Data on file.

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◀ *Continued from p11*

specialists opt for IV cyclosporin use in UC patients, to help avoid surgery. However, clinical benefits are, as yet, uncertain as patients tend to relapse quite quickly once treatment is halted, although it is useful in allowing patients time to build up during the remission stage. The prohibitive cost of the drug is another factor.

Dietary management

Patients when admitted into hospital with severe CD or UC exacerbations are under-nourished, through intestinal malabsorption, and suffering from electrolyte imbalance as a consequence of prolonged diarrhoeal episodes. As a result, enteral nutrition with semi-pre-digested diets or IV nutrition is initiated for 28 days. Many will also undergo blood transfusions.

In the long-term, special diets are said to have little impact on IBD prognosis, but, nonetheless, some patients find cutting out certain foods does bring some relief, eg milk products in UC patients and a diet free of indigestible foods for CD patients.

Some studies say an elemental diet with a low-fat content is as effective as steroids in inducing CD remission. Patients also use

elemental diets as a form of 'bowel rest' before re-introducing foods to their diet. The NACC's Richard Driscoll advises omitting one food at a time and re-admitting it two or three times to ensure it is the culprit.

Constipation associated with rectal and lower colon colitis may be helped by a high-fibre diet.

Many patients find they are deficient in certain vitamins, folic acid, B, C and D vitamins which are remedied with supplements. Some also suffer electrolyte imbalance, treated via home enteral nutrition and an elemental diet.

Surgical answer

Surgical intervention is necessary in 70 per cent of CD patients, with at least one operation expected per lifetime. Unfortunately, surgical treatment is not a 'cure', although it can bring prolonged and even permanent cessation of symptoms.

In CD, parts of the diseased intestine are removed, but the condition can reappear in areas of the intestine which functioned normally at the time of surgery. NACC says recurrence affects more than half of patients who have had all apparently-involved

intestine removed. But it is important to stress that surgery does not increase the likelihood of CD spreading to other parts of the intestine.

In UC, the prognosis is better with only 15-20 per cent requiring surgery where all or part of the colon is removed.

While patients learn to manage their symptoms as best they can, IBD's social and psychological impact is not to be underestimated. Often they are embarrassed and the fear of being 'caught short' can make patients avoid certain social situations. The associated symptom of fatigue places extra burdens on patients and can cause problems with employers.

As for Mr Johnston, he has now lived with UC for four years and, after several periods of remission, opted for total colectomy (where the colon and rectal lining are removed). While it may seem a drastic course of action, it has restored his life to normal.

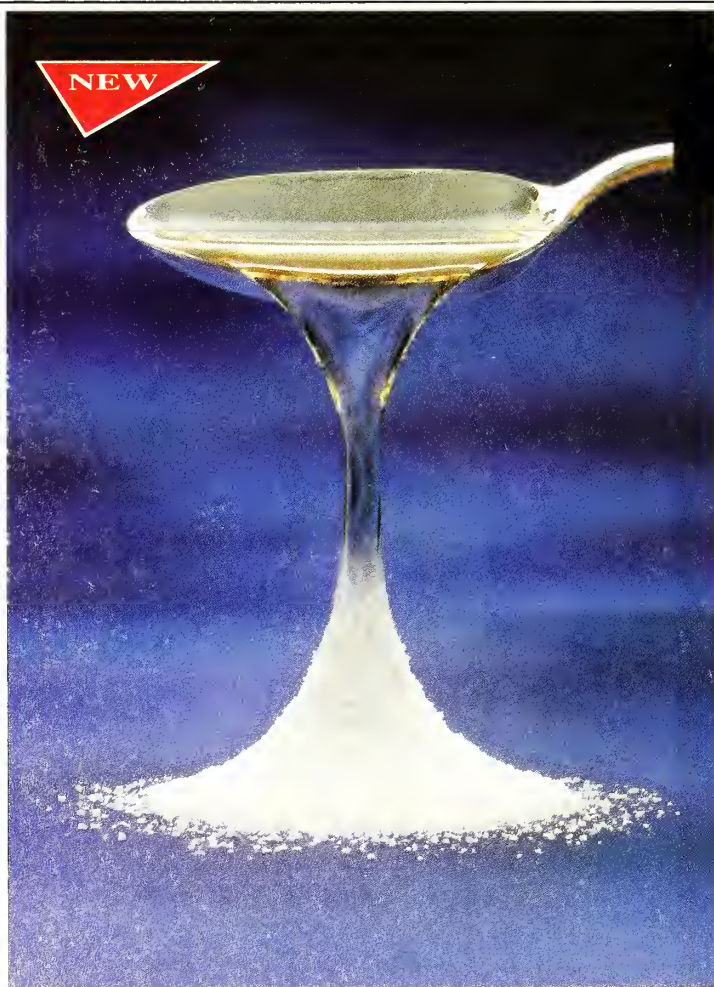
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S R Gould, irritable bowel syndrome, *Pulse* 1994, Sep 10, 64-68

Useful addresses

- National Association for Colitis and Crohn's, 98A London Road, St Albans, Herts AL1 1NX. Tel: 01727 844296.
- The IBS Network, St John's House, Hither Green Hospital, Hither Green Lane, London SE13 6RU. Tel: 0181 698 4611, ext 8194).
- British Digestive Foundation, 3 St Andrew's Place, London NW1 4LB.
- British Colostomy Association, 15 Station Road, Reading, Berks RG1 1LG.
- Ileostomy Association, Amblehurst House, Black Scotch Lane, Mansfield NG18 4PF.



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Running a menopause clinic

The role of pharmacists in asthma and diabetes clinics is well documented. A more novel health promotion approach is that taken by Stockport community pharmacist Robert Hallworth, who helps run a menopause clinic at his local surgery

As female life expectancy has increased this century from approximately 50 years in 1900 to 80 today, the average age at which the menopause occurs has altered little, if at all.

Therefore, treatment of menopausal symptoms has assumed a much greater importance in recent years with women now confidently expecting to spend a third of their life in a post-menopausal state. Alleviation of problems as diverse as hot flushes, agoraphobia, osteoporosis, palpitations, panic attacks and coronary heart disease with a single drug therapy must surely be unique in medicine. And it is also a unique health professional — the pharmacist — who can help to tailor the available treatment to the needs of the individual client.

Health clinics

For many years GPs have been involved in opportunistic health promotion, but the new contract introduced on April 1, 1990, enabled them to claim fees for health promotion clinics. In general, the arrangements for and protocols to be followed at the clinic need to be approved by the FHSA and at least ten patients should be dealt with at each session to attract payment. Thus, many GP practices now run menopause

clinics within the remit of a well-woman programme.

My involvement with a menopause clinic began before the advent of the new GP contract, when a local GP with an interest in menopause decided to run her own clinics and to enlist the help of an interested health visitor who, to illustrate her enlightened approach, requested my assistance to provide the pharmaceutical input.

While many GPs run clinics of this type, if the pharmacist wishes to approach the local practice to offer assistance, then a thorough knowledge of the subject is necessary.

Endocrinology and the vagaries of the menstrual cycle need to be revised. Articles frequently appear in pharmaceutical and medical journals and many manufacturers of HRT products can provide papers sourced from reputable publications which are non-promotional.

Obviously, a good working knowledge of the products is required. Keeping up to date with a rapidly changing area can be facilitated by joining a group, such as the National Osteoporosis Society.

Clinic format

The clinic is split into five sessions (see Table 1), handled by the health visitor, GP or pharmacist, the format



The importance of calcium in osteoporosis is discussed by the group in Weeks 3 and 4

of each week being as follows:

Week 1

Introductory session — the group is asked about its expectation of the source. There is a brief discussion about the menstrual cycle and the hormones that are depleted at the menopause. A brainstorming session is held, looking at the signs of the menopause with emphasis placed on the positive aspects, as well as the problems.

Week 2

This session begins with a discussion looking at how to cope with the physical and emotional symptoms of the climacteric. Relaxation techniques are demonstrated to help deal with stress and the importance of pelvic floor exercises is covered.

Week 3

This is devoted to osteoporosis including a quiz and discussion.

Week 4

Facilitated entirely by the pharmacist, this session covers HRT with the following topics being included:

- **Indications for HRT.** The symptoms amenable to HRT are discussed, together with a little of the history of HRT and non-hormonal treatments, eg beta blockers, clonidine.

- **Contra-indications.** All contra-indications, eg previous hormonally dependent malign

Table 1: clinic format

Week 1: Introduction — expectations, menstrual cycle, symptoms brainstorm
Week 2: Menopause — self-help measures, relaxation, pelvic floor exercises
Week 3: Osteoporosis — quiz, discussion
Week 4: HRT — see text
Week 5: Evaluation — review objectives, future plans

nant conditions, thromboembolic disease, are explained.

The difference between the contra-indications for HRT and oral contraceptives are discussed and the reasons for the difference made clear.

- **Types of hormones in HRT.** The types of hormones and their functions are discussed.

- **Types of preparation.** Examples of the routes of administration (oral, transdermal, vaginal cream and injectable forms) are provided for examination in the form of packs, placebo patches, etc.

The methods of use and the advantages and disadvantages of each route are compared. Adverse effects are discussed and at no time are the possible disadvantages concealed.

Continued on pVI ►

◀ Continued from pV

• Duration of treatment.

The options for treatment duration are explained, dependent on the differing objectives of the client with regard to HRT treatment. The effects of HRT on the incidence of other disease states, such as breast carcinoma, with varying treatment durations, are clarified.

• Cardiovascular disease.

Does HRT protect against cardiovascular disease? The evidence for and against is presented together with possible modes of action and details of recommended treatment duration.

• **Osteoporosis.** What are the implications of osteoporosis? Causes of the disease, other than the menopause, are mentioned and why it also occurs in one in 60 men, in addition to one in four women.

As well as HRT, self-help methods, such as calcium supplementation (both dietary



Headache is a common HRT side-effect

different product may be all that is needed.

• Why is it important to take a progestogen?

Progestogens are required where the uterus is intact to protect the lining of the womb, without it there is four to eight times the normal incidence of endometrial carcinoma when using unopposed oestrogen. It is not needed at all following hysterectomy.

• What are the side-effects?

These are due to oestrogen or progestogen (see Table 2). A change of dose or preparation will often abolish troublesome adverse effects.

• **As my period returns with HRT, can I still become pregnant?** No, the bleeds induced, which do not occur in 15 per cent of women, are artificial and designed to protect the endometrium. In some cases, they diminish and stop. Contraception is still needed in the perimenopause.

Current Family Planning Association advice is to continue with a contraceptive method for two years after the menopause in women under 50 and for one year in women over 50.

• Can I just stop HRT?

Normally this can be done, but a watch will need to be kept for symptoms returning. If taking a higher dose, it may be best to step down to a lower dose for two to three months at first.

• Can I overdose on HRT?

No, as therapy will be started at the lowest dose and adjusted according to symptoms.

• **Will I gain weight?** This is unlikely, although a small increase, owing to fluid retention during the progestogen phase, may occur.

• **Is there an upper age limit?** There is no upper limit and women can get flushes up to, and in some cases, after 65

years of age. Vaginal dryness and urinary symptoms are more of a problem at this age, but local treatments may be more suitable.

Use of HRT after 65 may help prevent further development of osteoporosis, but benefits are less than at the time of the menopause and evidence becomes sketchy at over 70 years.

• **Why do I have to pay two prescription charges for one treatment?** Community pharmacists will find the question familiar and for a definitive answer referral to the Department of Health will be necessary.

Conclusion

All pharmacists can have a positive impact on the general health of menopausal women by recommending several self-help measures in addition to ensuring compliance with any drug therapy. The main points to emphasis are:

- eat a healthy diet ensuring the recommended daily amount of calcium is included (1,000mg in women over 40 on HRT)
- carry out plenty of weight-bearing exercise, such as walking or cycling, to maintain bone mass
- do not smoke
- get out into the sunshine to improve production of vitamin D in the skin which aids calcium absorption
- drink no more than 14 units of alcohol per week, as excessive alcohol intake is thought to contribute to osteoporosis.

Useful address

National Osteoporosis Society, PO Box 10, Radstock, Bath BA3 3YB. Tel: 01761 432472. Advice about osteoporosis, diet, exercise, HRT.

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Prescribing Information for Dovonex Scalp Solution.

Indication: Topical treatment of scalp

psoriasis **Presentation:** 60ml bottles of Dovonex Scalp Solution, 50 micrograms calcipotriol per ml in a colourless, slightly viscous solution **Dosage and**

Administration: Apply twice daily (morning and evening) to the affected areas

Maximum weekly dose should not exceed 60ml. Not recommended in children as there is no experience of use. When used together with Dovonex Cream or Ointment, the total dose of calcipotriol should not

exceed 5mg in any week, e.g. 60ml of the Scalp Solution plus one 30g tube of the Cream or Ointment, or 30ml of the Scalp Solution plus 60g (two 30g tubes) of the Cream or Ointment **Contra-Indications:**

Patients with known calcium metabolism disorders. Hypersensitivity to any of its constituents **Precautions:** Should not be used on the face. Wash hands after

applying Dovonex Scalp Solution to avoid inadvertent transfer to the face. Use no more than maximum weekly dose since hypercalcaemia, which rapidly reverses on

cessation of treatment, may occur **Side Effects:** Local irritation of the scalp or face

may occur. Facial or perioral dermatitis may occur. Other local reactions may occur. The reactions reported with Dovonex Ointment include dermatitis, pruritus, erythema,

aggravation of psoriasis, photosensitivity and rarely hypercalcaemia or

hypercalcaemia **Use during Pregnancy and**

Lactation: Safety for use during human pregnancy has not yet been established, although studies in experimental animals have not shown teratogenic effects. Avoid use in pregnancy unless there is no safer

alternative. It is not known whether calcipotriol is excreted in breast milk **Drug**

Interactions: No interaction between calcipotriol and UV light. No experience of concomitant therapy with other antipsoriasis products applied to the same area

Overdose: Hypercalcaemia may occur in patients with plaque psoriasis who use more than 100g of Dovonex Ointment weekly and has been reported at lower doses in patients with generalized pustular or erythrodermic exfoliative psoriasis.

Basic N.H.S. Price: £22.28/60ml

Legal Category POM

Product Licence Number: 0043/0190

References

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Further information is available on request from.



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Date of preparation: January 1995

Table 2: HRT side-effects

Oestrogenic: breast tenderness, headaches, leg cramps

Progestogenic: mastalgia, headaches, bloatedness, backache

and pharmaceutical) and exercise, are explained. For completeness, the effects of bisphosphonates and other more specialised treatments for osteoporosis, such as fluoride and calcitonin, are included.

Week 5

Evaluation session — the initial objectives of the clients are reviewed and action plans for the future are made regarding changes to diet and exercise regimes.

Dealing with queries

Clients raise many questions concerning drug treatment and these will be of interest to community pharmacists who will undoubtedly be faced with similar problems in their daily practice.

• Is HRT suitable for all women?

While there are some contra-indications, previous myocardial infarction, cerebrovascular accident or hypertension are not a problem as they would be with oral contraceptives.

There are many different types of HRT available with different doses and routes of administration, so a suitable product should normally be found. Bioavailability differences with the oral route may mean that changing to a

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is chaired by Simon Bates the well-known DJ. It brings to life some of the problems and solutions of living with scalp psoriasis. For more general information about psoriasis and hints on how patients and families can cope with it, the leaflet "Understanding Psoriasis" is also available.

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Name

Pharmacy Name

Delivering the goods

In the first part of this series, Arthur Williams OBE FRPharmS, Grampian region's chief administrative pharmaceutical officer, described the structure and content of a strategy for community pharmaceutical services. This article explores how elements of that strategy are now being developed

The first task in delivering a pharmaceutical strategy is to determine development priorities in conjunction with the Area Pharmaceutical Committee (APC) or Local Pharmaceutical Committee (LPC).

In Scotland, the next step is to prepare a briefing paper for the APC outlining the possible options for bids within the provisions of the Primary Care Development Fund (PCDF), which funds projects for a year.

A key objective is to prompt innovation in primary care and project objectives must offer enhancement and improvement in primary care services. Out of a total of £8.1 million provided by the Scottish Office, £0.54m has been earmarked for pharmacy and prescribing topics.

Resources made available from the PCDF are subject to a competitive bidding process, which is managed by the Management Executive of the Scottish Health Service. It is, therefore, important to ensure that bids for resources are well presented and complete in every detail.

A framework for a bid for funding is given below:

- title of project
- summary
- priority themes addressed
- aims
- background
- method
- duration of the project
- resource requirements
- monitoring process
- lead participants
- references.

Although by no means all bids submitted are successful, it is very gratifying to note that resources have been obtained to initiate the following projects in Grampian.

Community care

With the advent of the community care plan, more and more people are moving out of the hospital and into more normal domestic environments. With these patients, medication frequently plays a key role in enabling

them to achieve their optimum physical, psychological and social position.

This project seeks to improve pharmaceutical care and patient outcomes for patients receiving care in the

community and to reduce admissions to hospital because of problems with medication. It is hoped to achieve these by providing training for community pharmacists and to develop

pharmaceutical care needs assessment.

The development of pharmaceutical care plans for patients in the community and establishing an effective communication network



between healthcare and social care professionals are also seen as key objectives.

Repeat prescribing

The aim of this study is to assess the feasibility of community pharmacists controlling repeat prescribing by assessing the implications for patients, GPs, community pharmacists and the NHS.

The study will evaluate improvements to patient care via identification of drug interactions, drug-related adverse events and monitoring patient compliance. The implications for the community pharmacist, with respect to improved professional satisfaction, improved patient relationships and mechanisms for administering the system, will also be studied.

The study will evaluate implications for GPs with respect to better control of repeat prescribing. The benefits to the NHS, which could include reduced wastage of drugs and reduced hospital admission, will also be evaluated.

Oxygen audit

A study of these services was carried out by visiting all pharmacies in Grampian having oxygen contracts. A

detailed questionnaire was completed on the visit.

Also included in the questionnaire were such aspects as the scope of domiciliary visits by pharmacists and the means of delivery of the equipment to the patient's home. Several issues were identified, which are being addressed by the Health Board.

Accreditation

There is little doubt that a properly maintained practice formulary improves the prescribing of medicines. Pharmacists are an important source of advice in helping to compile and update a formulary and their services are in demand.

It is planned to run a training programme for pharmacists in formulary development. The programme will involve four half-day sessions covering the practical aspects of formularies, discussion of the major therapeutic areas and working with GPs. On completion of the course the pharmacists will receive accreditation from the health board.

This work is an important component of the pharmacist's extended role and represents significant opportunities. It is also a

challenging and stimulating method of improving communication with GPs.

Discharge planning

The study will examine the methods by which medicines are provided for patients on discharge from hospital and the problems experienced by these patients and their GPs.

It is hoped the project will enhance the work of the primary care professionals by improving systems at the interface between primary and secondary care, promote seamless care, improve pharmaceutical care for the patient and improve information transfer.

Carer training

This project aims to help carers and their clients with the management and administration of their medicines. The specific objectives are to identify the problems home carers encounter when helping clients with their medicines and to try to undertake a needs assessment of the training required by carers.

It is also intended to investigate available materials and to assess their effectiveness in meeting the needs of the carers. The need for other training packages

will be assessed. It is hoped that this project will facilitate caring for clients at home and promote the correct and effective use of medicines.

Public awareness

Considerable evidence exists that confirms the views of many primary care health professionals that there is much wastage of prescribed medicines. This project involves organising a campaign which will increase public awareness of the safe use of medicines and the need for compliance.

The project involves the development of a series of patient information leaflets, each with a specific message. The leaflets aim to reduce the level of expectation that a prescription is always appropriate, to help achieve safer and more effective use of all medicines, in accordance with prescribers' wishes and the manufacturers' recommendations.

At this stage it is not possible to anticipate the outcome of the projects briefly outlined above, but the signs are encouraging. Community pharmacists and general practitioners have been very co-operative in both setting up the projects and carrying out the necessary detailed work.



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The high cost of depression and anxiety

According to epidemiological studies, anxiety and depression are common in the community — data from the US suggest that as many as 15 per cent of the population may be affected.

These conditions are chronic and associated with significant morbidity and therefore consume a large proportion of health spending. In the US, economic pressures are forcing cuts in healthcare, and mental health services are suffering more than general medical care.

The impact of such cutbacks is unknown — for example, they might simply unload spending from the health services to other budgets — and this prompted epidemiologists in Seattle, US, to investigate how much anxiety and depression cost the community.

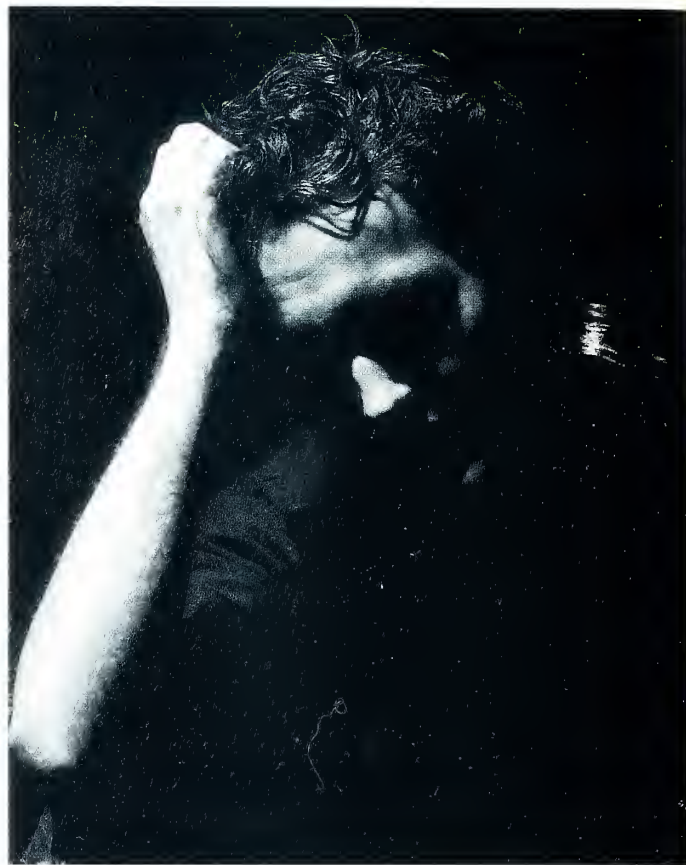
Two thousand consecutive patients in the health maintenance organisation (HMO) in Puget Sound were screened for psychological morbidity using a standard questionnaire. This provided a simple score with which to

select three groups for further screening: those with a clear diagnosis of recent anxiety or depressive disorder; people with some signs of these disorders but not sufficient for a firm diagnosis (sub-threshold); and people with no evidence of problems.

A total of 224 were recruited and followed up for one year. All direct medical costs were available from the HMO, but indirect costs and additional spending on self-treatment could not be evaluated.

Examples of the psychological problems diagnosed included major depression, panic disorder and generalised anxiety. At baseline, the mean total healthcare cost for these patients was \$2,390 per six months, compared with \$1,098 for the sub-threshold group and \$1,379 for the remainder. There was, however, wide variability between individuals.

When the data were adjusted to allow for concurrent illness, the corresponding figures were \$1,203, \$675 and \$629 — still a



two-fold excess for those with psychological illness — and these differences persisted 12 months later.

Two findings were particularly important. First, spending on mental health services accounted for only a small proportion of the total: inpatient and outpatient costs amounted to only 10 per cent of all spending for affected patients, compared with 5 per cent overall. Second, although all patients improved clinically during the 12-month study, this was not reflected in a reduction in total healthcare costs. Even those who had a

complete resolution of their problems had follow-up costs that were double those in unaffected people.

The study was small and of short duration, and its findings require confirmation. Nevertheless, these data suggest that people with anxiety or depression consume a larger proportion of resources than others, but that much of this spending goes on apparently unrelated care. The implications of this for spending on antidepressants need to be clarified.

American Journal of Psychiatry 1995;152:352-7

Norplant: reports from the US of serious adverse events

The progestogen implant Norplant provides effective contraception for up to five years and is better tolerated than previous implantable contraceptives.

Six capsules containing levonorgestrel are placed under the skin of the arm in a procedure which, after training, can be done in the doctor's surgery.

This procedure is critical to the success of the implant: two reports from the US have described the type of serious adverse events — not necessarily causally related — that have been reported with this treatment.

The American Food and

Drug Administration received 5,800 spontaneous reports of adverse events during the first 33 months of marketing, when 891,000 implants had been distributed. Most events were minor, such as altered bleeding, and had been detected during clinical trials.

Events resulting in death, hospitalisation or disability included admission for the treatment of infection at the implant site. Of the 24 cases reported, predisposing factors contributed in four women: one had diabetes; a second lifted weights on the day after insertion and allowed others to touch the site; a third fell on her arm; and the fourth had an

auto-immune disorder.

The Norplant capsules were expelled in three cases, but had to be removed surgically in 15 women. One woman was being considered for a skin graft. A further 14 women were admitted to hospital because of difficulties in removing the capsules.

Other serious adverse events included 15 cases of non-fatal stroke (seven women had predisposing factors and the reported rate among Norplant users was lower than in the population as a whole); thrombocytopenia; and benign intracranial hypertension. Further work is needed to determine whether a causal

relationship exists.

The FDA concludes that training on implant insertion is essential to reduce the risk of complications, a point highlighted by an analysis of 3,416 removals reported in clinical trials. Complications occurred in 4.6 per cent of cases and were due to broken implants or insertion too deep in the arm. Only five removals were necessary due to infection. Complication rates varied widely between different centres, suggesting that suboptimal technique probably accounts for many cases.

Obstetrics and Gynecology 1995;85:543-8 & 538-42

Low cholesterol and suicide

A recent meta-analysis of studies of cholesterol-lowering therapies concluded that, contrary to indications from some small studies, low serum cholesterol levels do not cause death from suicide. Instead, it suggested that depression — a major risk factor for suicide — is itself associated with a low serum cholesterol level.

An interesting perspective on this problem is provided by an analysis of suicide attempts among 650 men and women consecutively admitted to a psychiatric hospital. Each was interviewed by a psychologist to determine the frequency and seriousness of the attempts and serum cholesterol was measured at the time

of admission. A medically-serious attempt was defined as involving a significant injury, such as gunshot wounds, coma or extensive burns.

Among men, those with serum cholesterol levels in the lower quartile were no more likely to have attempted suicide than those with cholesterol levels in the upper quartile. However, 31 per cent with low cholesterol had made a medically-serious suicide attempt, compared with 19 per cent with high levels. This difference survived after standardisation for age, race, socio-economic status, major depression and alcohol use. No such difference was found among women.

This study suggests that

there is a link between low serum cholesterol in men and serious suicide attempts which seems to hold true even allowing for the occurrence of depression. Important qualifications to this interpretation include the fact that only a single measurement of cholesterol was made and there was no control for medical illness.

The implications for lipid-lowering therapy are uncertain: it is far from clear whether lowering serum cholesterol in men with raised levels has the same putative effect as cholesterol levels which are inherently low. *British Medical Journal* 1994;**308**:373-9. *American Journal of Psychiatry* 1995;**152**:419-23

Home care

There is a strong trend to avoid hospital admission and care for people at home. Most people prefer it; it is less expensive; and it frees beds for more serious cases.

Research from Australia suggests that even severe illness can be managed without hospital admission. Twenty people with severe infections — including osteomyelitis, endocarditis, pacemaker sepsis and chronic cellulitis — were selected for an open trial of home care. The patients had to be stable medically and psychologically; have an in-dwelling catheter for drug administration; an antibiotic dose requirement of no more than twice daily; and sufficient support at home.

Each required parenteral antibiotic therapy with vancomycin, imipenem, ceftriaxone or flucloxacillin, prepared by the hospital pharmacy three times a week, collected by relatives and stored at home until administered by the district nurses. Medical support was available round the clock and each patient was seen in an outpatient clinic at least once a fortnight.

Twenty-one courses of treatment were given, ranging in duration from 11-44 days. Eighteen patients were judged cured; staphylococcal infection persisted in two with vascular graft sepsis, but they were subsequently stabilised on suppressive oral antibiotic therapy. There were no major infective complications, but one patient developed a catheter-related skin infection and another developed renal dysfunction during treatment with vancomycin which improved only when treatment was stopped. All patients preferred home treatment.

Cost analysis demonstrated significant savings. The mean daily cost of home care was Austr\$147, compared with Austr\$259 — a saving of 43 per cent per patient — reaching a total mean saving per patient of Austr\$2,974.

It was estimated that this form of long-term home care would have allowed the hospital to treat an additional 86-107 inpatients per year. *Medical Journal of Australia* 1995;**162**:249-53

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

Spouse support for successful diet compliance

Behind every successful man is a woman and, if he has hyperlipidaemia, he'll live longer too, according to an American study of compliance with lipid-lowering diet.

Men participating in a trial of lipid-lowering diet were asked about the support they received from their spouse — for example, whether they helped buy and prepare the foods; helped set dietary targets; and enlisted the support of relatives and friends. Spouses were invited to attend classes on diet with the participants and were encouraged to become involved.

The extent of spouse

support did not correlate with attainment of dietary goals at the end of the programme of formal classes, when participants were already receiving some support. However, the contribution of the spouse was significant in the long-term, three, 12 and 24 months after classes stopped. There was even a 'dose-response relationship', with greater spouse involvement tending to achieve greater attainment of dietary targets, and this was more marked with longer follow-up.

Overall, men with the greatest spouse support were 4.5 times more likely to

achieve their targets after three months, compared with those with least spouse support; the corresponding odds ratios for 12 and 24 months were 5.5 and 3.9 respectively.

Science confirms what common sense tells us: a major lifestyle change, such as diet, impacts on all the family. Without their co-operation and encouragement, it is unlikely that adherence to diet will be successful in the long-term unless an alternative form of support, such as diet classes, can be provided.

American Journal of Epidemiology 1995;**141**:451-60

High-dose ibuprofen and cystic fibrosis

Progressive destruction of the lungs is the major cause of death in people with lung disease. Thick mucoid secretions contain abundant bacteria and neutrophils, establishing a chronic inflammatory state which damages lung cells and impairs host defences.

There is evidence that corticosteroids can slow the progression of lung disease in people with cystic fibrosis, but the frequency and severity of adverse effects limit their usefulness. However, animal studies suggest NSAIDs may be an effective alternative.

Specialists in the US have

now reported a long-term double-blind study of high-dose ibuprofen in 85 adults and children with mild lung disease due to cystic fibrosis.

Participants were randomised to placebo or treatment with ibuprofen 16-32mg/kg/day, sufficient to achieve blood levels of 50-100mg/l and equivalent to 1-2g/day for an adult. Over four years, measures of lung function declined 60 per cent more slowly in those taking ibuprofen, and 88 per cent more slowly in young children.

Body weight as a proportion of the ideal for their age decreased more in the

controls, who needed more additional bronchodilators and intravenous antibiotics.

Ibuprofen was well tolerated with only one case of epistaxis and one of conjunctivitis. Abdominal pain, which is common with cystic fibrosis, improved overall though it was severe enough in seven cases to stop treatment. The use of antacids did not change in those taking ibuprofen.

This trial is sufficiently encouraging to warrant further investigation into the benefits of ibuprofen in people with cystic fibrosis.

New England Journal of Medicine 1995;**332**:848-54

Uses: In the treatment of opioid drug addiction (as a narcotic abstinence syndrome suppressant). **Dosage and Administration:** For oral administration only. Adults: Initially 10-20mg per day, increasing by 10-20mg per day until there are no signs of withdrawal or intoxication. The usual dose is 40-60mg per day. The dose is adjusted according to the degree of dependence with the aim of gradual reduction. Elderly: In the case of the elderly or ill patients repeated doses should only be given with extreme caution. Children: Not recommended for children. **Contra-indications and Warnings:** Hypersensitivity to hydroxyzine derivatives. Respiratory depression, obstructive airways disease, concurrent administration with MAO inhibitors or within 2 weeks of discontinuation of treatment with them. Use during an acute asthma attack is not advisable. Use during labour is not recommended, the prolonged duration of action increases the risk of neonatal depression. MAOIs: Possible CNS excitation or depression. **Drug Interactions:** Alcohol: May induce serious respiratory depression and hypotension. Cimetidine or Phenytoin: potentiation of opiate action due to displacement of methadone from protein binding sites. Rifampicin, reduced opiate effect due to increased metabolism. **Adverse Effects:** Antagonism: Antagonises the analgesic, CNS and respiratory depressant effects of Methadone. Naloxone or Buprenorphine/Pentazocine: Administration to a patient addicted to Methadone may precipitate withdrawal symptoms. **Effects on Ability to Drive or to Use Machines:** This may be severely affected during and after treatment with Methadone. The time after which such activities may be safely resumed is extremely patient dependent and must be decided by the Physician. **Undesirable Effects:** Methadone has the potential to increase intracranial pressure, particularly in circumstances where it is already raised. **Use in Pregnancy and Lactation:** There is no, or inadequate, evidence of safety in human pregnancy, but the drug has been widely used for many years without apparent ill-consequence and animal studies have not shown any hazard. It should not be used during labour, see 'Contra-indications'. Methadone is excreted in breast milk. This may be permissible during maintenance dosage. **Other Special Warnings and Precautions:** In the case of elderly or ill patients, repeated doses should only be given with extreme caution. Methadone is a drug of addiction and is controlled under the misuse of Drugs Act 1971 (Schedule 2). **Overdose:** Symptoms: Serious overdose is characterised by respiratory depression, extreme somnolence progressing to stupor or coma, maximally constricted pupils, skeletal muscle flaccidity, cold and clammy skin and sometimes bradycardia and hypotension. In severe overdosage, particularly by the intravenous route, apnoea, circulatory collapse, cardiac arrest and death may occur. **Treatment:** A patent airway and assisted or controlled ventilation should be assured. Narcotic antagonists may be required, but it should be remembered that Methadone is a long-acting depressant 36-48 hours, whereas antagonists act for one to three hours, so that the treatment with the latter must be repeated as needed. An antagonist should not be employed as a sole measure. In a person physically dependent on narcotics, administration of the usual dose of a narcotic antagonist will precipitate an acute withdrawal syndrome, use of the antagonist in such a person should be avoided if possible but if it must be used to treat serious respiratory depression it should be administered with great care. **Incompatibilities:** No major incompatibilities known. **Pharmaceutical Precautions:** Keep out of the reach of children, below 25°C protected from light. **Legal Category:** CD schedule 2 POM. **Package Quantities:** Amber type III glass bottles containing 500ml. **Product Licence Holder:** Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE. **Date of Preparation:** April 1995. **Basic NHS Price:** 500ml - £7.59.



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PHS joins Pharmacy Week

For Pharmacy Week the Pharmacy Healthcare Scheme will distribute a new consumer leaflet, 'Know your medicines' (*C&D* May 13, p753), posters and lapel badges. Copies are available from wholesale distributors or the RPSGB press office from June 5.

Scottish scripts

Scottish pharmacists and appliance suppliers dispensed 3,958,426 prescriptions during February, generating ingredient costs of £29,865,928 and gross costs of £35,828,082.

NI payments

Northern Irish pharmacists and appliance suppliers dispensed 1,615,962 prescriptions on 980,921 forms, generating net ingredient costs of £12,410,336 and gross costs of £14,908,462.

Depression taped

Smithkline Beecham can provide pharmacists with a free 'Coping with depression' audio tape, currently used in the company's Take Care programme to improve patient management of the condition. Copies are available free by contacting: Jo Gilmore, Shire Hall Communications, 3 Olaf Street, London W11 4BE. Tel: 0171 229 9922.

Knotty Ash axeman jailed

Terence Hughes, who attacked staff at a Knotty Ash pharmacy near Liverpool on Christmas Eve (*C&D* January 7, p32), has been jailed for 21 months. He admitted charges of assault and intent to rob.

Static register

The number of premises on the pharmaceutical register remained static last month, bringing the total to 12,099. Since January, the net additions to the register total 39. AAH added 35 pharmacies to its Hills chain and Tesco added four branches.

GMSC moots script reform

A formulary of 'best buy' drugs linked to reduced prescription charges is one the changes being mooted in a British Medical Association General Medical Services Committee discussion document. Drugs which fail to make it on to this proposed 'white list' will continue to be prescribed, albeit attached to a higher prescription charge, according to a report in *Pharmaceutical Marketing*.

Sweetness and light at RPSGB meeting

It was all sweetness and light at this year's Royal Pharmaceutical Society annual meeting last Wednesday, a stark contrast to last year's abrasive affair.

The meeting supported a motion originated by Andrew Burr that "the voting procedure used at Council meetings should be improved to make use of modern technology. A voting system should be installed which would save time and enable the voting patterns of individual Council members to be recorded".

Pharmacists needed to know how their elected members voted, argued Mr Burr. Although Council members could request that a vote be recorded, it rarely happened.

Mark Koziol said there was still a distinct lack of accountability, and pointed out the cost of an electronic voting system was less than half the cost of the £13,000 of wines and spirits held at Lambeth.

Earlier Mr Koziol had paid tribute to the Society's treasurer, Bill Darling, for the "tremendous improvement in the presentation of the accounts".

However, Mr Koziol said it was still difficult to determine whether members got value for

money from the Society, and suggested that consideration should be given to an external audit of activities at the Society's headquarters — "not so much financial as structural and organisational".

Andrew Burr questioned the amount spent on public relations (up 9 per cent to \$112,000) compared to the amount spent on the library — up 19 per cent to \$387,000. He questioned where the major benefit to the majority of members lay, and said the money spent on public relations needed reviewing.

Bill Darling said the figure given only referred to the direct spend of the PR department.

He was able to report that the Society achieved a surplus of \$251,000 over budget last year. Income last year amounted to \$13.33 million and the accumulated fund stands at \$7.83m. The Society is aiming to achieve a small surplus in 1995.

In her review of the past year, RPSGB president Ann Lewis denied press suggestions that the introduction of medicine sales protocols "was a knee-jerk reaction to some surveys in consumer magazines".

She described the move as a positive step to continuous improvement of standards and achieving consistency. Council had reviewed the whole move towards encouraging self-medication. "The question that is repeatedly asked is why should a wide range of medicines be confined to pharmacies. The answer is that the pharmacy is a very special place," she said.

"I firmly believe that the Council's decision on protocols will be recognised as a landmark in the reinstatement of the role of the community pharmacist in the field of self-medication. If the pharmacy is to become the first line for community healthcare, there is no alternative but to persevere with this important initiative."

NHS remuneration continues to be a focus of interest for Council. The Society has a legitimate interest since it is responsible for ensuring the public has access to pharmaceutical services, commented the president.

She welcomed the fact that this year the Government has set aside \$1m for pilot schemes on rational prescribing.

SCOPE refers CE report to conference

The Steering Committee on Pharmacy Postgraduate Education is to hold a conference on its strategy for continuing education.

The SCOPE conference on 'A continuing education strategy for NHS pharmacists in England' (*C&D* January 7, p4) aims to formulate an action plan for implementing the strategy.

Although there is room for fine details to be discussed and obstacles to progress removed, the strategy's five principles remain, says SCOPE chairman Jon Merrills — one of these links continuing training to NHS service contracts.

Twenty places are available at the conference. Interested parties should write or fax SCOPE secretary Dr Alison Blenkinsopp at the CPPE outlining, in a paragraph, ideas for implementing the strategy. Faxes should be received on 0161 236 2598 by May 30. The conference will be held on June 15 at RPSGB headquarters.

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Flying HIGH

The new chairman of the National Pharmaceutical Association, Wally Dove, believes it's time to take off the gloves and fight the pharmacist's corner by whatever means are available. Patrick Grice went to meet one of pharmacy's rising politicians

Wally Dove was a scientist — the white coat variety who closet themselves in laboratories. Then he was a retailer, quite a successful one, too — and he still is. But now he is also a politician, and his star is in the ascendant.

Elected chairman of the National Pharmaceutical Association Board last month, he is also a potential candidate for the vice chairman's post on the Pharmaceutical Services Negotiating Committee. With the current chairman, David Sharpe, having announced he will be standing down within the next three years, that appointment could hold special significance.

For the next year, though, his mind is firmly bent on giving the Association his very best shot. With two pharmacies of his own in the capable hands of trusted managers — one in Farringdon in Oxfordshire and the other in Shanklin on the Isle of Wight — he is lucky to be in a position to give more time to the job than some of his predecessors.

From the moment of his election his diary for weeks ahead moved partly out of his hands. In his first week in office he was expected to represent the Association at the ABPI dinner. Last

week he was expected to be on hand when the NPA's team of six regional co-ordinators was inducted, and this week he chaired the official launch of a new NPA training initiative for counter assistants.

"The difficult thing — and I think if I was still running a shop I would be unable to do it — is to be totally flexible," he says.

RUFFLED FEATHERS

Giving the NPA his best shot might mean ruffled feathers in some quarters, because Mr Dove is not afraid of being unpopular, and is less restrained in his public utterances than some. There is little doubt, though, that he is savouring the challenge of the 12

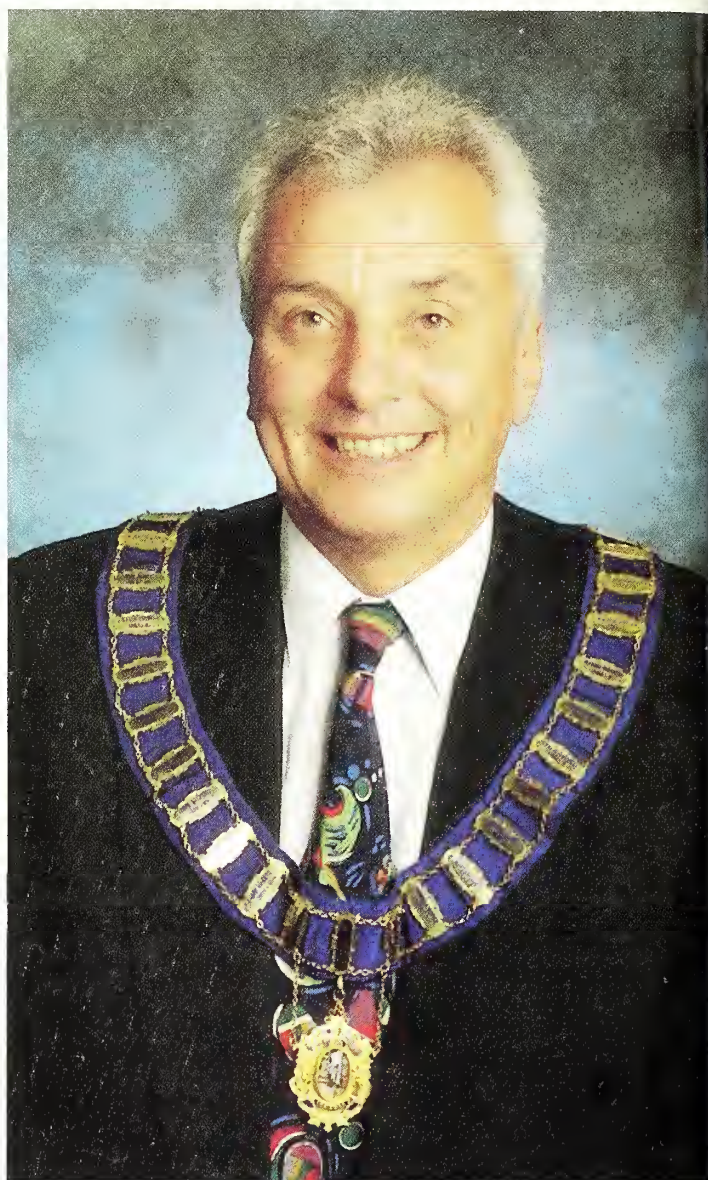
months ahead. The Association has never been so important, he believes.

He says: "If you look at the pressures on pharmacy, most of them impact directly on the pharmacy owner. The NPA represents pharmacy owners. We may have to stop being quite so gentlemanly."

Out of all the bodies he sits on, he says the NPA is the "most

correct" in the way it proceeds. "We normally arrive at a consensus on any issue. The cohesive force around the table is pharmacy. With some of the other bodies, pharmacy seems to be forgotten and personal politics seems to be very important.

With some bodies, pharmacy seems to be forgotten and personal politics to be very important



Wally Dove: a new broom at the NPA?

People do things for the wrong reasons. I see less of that at the NPA," he says.

Already he has identified three priorities to concentrate on in the year ahead. The first is to help members with local negotiations, both with the NHS and social services. "Most pharmacists have not yet bumped into the big part of the iceberg," he opines.

On the Isle of Wight, where he is LPC chairman, he is aware that Boots has been talking direct to the health commission, a pattern he suspects is being repeated elsewhere. "We need to ensure everyone gets a fair share of the cake."

As a good NPA man, Boots is something of a hobbyhorse for him. "Boots are very active at local level and have been for some time. They are now much more overt in their activities. I am not sure that local managers know what is going on locally — I assume it is being co-ordinated from Nottingham. They are keen in my area to get money to fund the Boots' facilitator, which amazes me! I look to the good sense of the health commission

not to put all its eggs in one basket."

Mr Dove's second priority is to make sure that the politicians at Westminster and senior civil servants never lose sight of pharmacy or its potential for improving healthcare. "It is a hell of an indictment of the NPA and other bodies that the Labour Party was able to publish its healthcare policy document without a single reference to pharmacy," he says.

NUTS AND BOLTS

The final priority is seeing to the "nuts and bolts, the things we have always been best at" ... in other words, providing a comprehensive portfolio of services for members. What the NPA aims to do is to take care of the mundane side of running a business, leaving members free to practise their profession and earn a crust, he says.

"My memory of coming into pharmacy, especially if you come from a corporate background, is that the buck stops with you. You sweep up and you do the

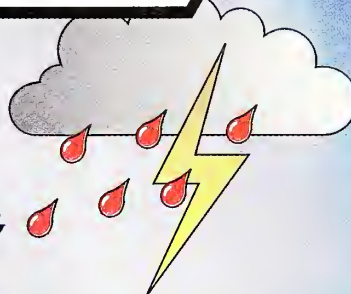
Continued on p810 ►

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Product Information. **Asilone Liquid and Suspension:** White suspension containing in each 5ml: Dried Aluminium Hydroxide BP 420mg, Light Magnesium Oxide BP 70mg, Activated Dimethicone 135mg. **Dosage:** Adults and Children over 12 years: 5-10ml liquid after meals and at bedtime. Pack size 200ml, 500ml. Not suitable for children under 12 years. **Asilone Tablets:** each tablet contains Dried Aluminium Hydroxide BP 500mg, Activated Dimethicone 270mg, also contains Sucrose 1.1g. **Dosage:** Adults and Children over 12 years: 1 or 2 tablets to be chewed or sucked before meals and at bedtime. To relieve heartburn, the tablets to be sucked slowly. Pack size 24. Not suitable for children under 12 years. **Uses:** Asilone Liquid, Suspension and Tablets are effective in the relief of indigestion, flatulence, acidity and heartburn. **Warnings:** Antacids may interfere with the absorption of tetracyclines, nifedipine, warfarin and digoxin - if taken at the same time. Asilone is not recommended in flatulent abdominal distention possibly related to intestinal obstruction. Antacid preparations should not be administered in severe debilitation or renal impairment. **Pregnancy:** Antacids should not be used during the first trimester. **Overdosage:** No cases of overdosage have been reported. In healthy people, the components of Asilone are not expected to cause specific local or systemic toxicity even in acute overdosage. **Sodium:** The sodium content of Asilone Liquid, Suspension and Tablets is extremely low, making them especially suited where there is co-existing hypertension, congestive heart failure, hepatic and/or renal failure. **Pharmaceutical Precautions:** Suspension and Liquid - do not freeze. **Product Licence Number:** Asilone Liquid: 0327/0058 Asilone Suspension: 0327/0057 Asilone Tablets: 0327/0055. **Licence Holder:** Crookes Healthcare Ltd. **Legal Category:** GSL. **Retail Selling Price:** Liquid £2.60, Suspension £3.44, Tablets £2.65. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham, OL1 3HS, Lancashire, 0161 652 2222. **Date of Revision:** April 1995.

◀ Continued from p808

VAT returns and everything in between."

Mr Dove did actually move into community pharmacy from a corporate background, so he can speak with some authority on the culture shock. His career started in 1966 in R&D with Beecham, where he was a section leader in the solid dosage formulation section.

From there he moved to an outfit called Basingstoke Pharmaceuticals (later Crookes), where he ran a sterile area and was in charge of packaging. Other jobs followed with Searle and Squibb before he was headhunted by Colorcon, a supplier of excipients.

After a five-year stint, which saw Colorcon UK's annual turnover shoot up from \$100,000 to \$10 million, he was sacked. "Our opposite numbers in the US sold the company from underneath us and I couldn't handle that. I started a parallel activity in different materials, but came into conflict with my employers," is his version of events.

WILDERNESS YEAR

There followed a year in the wilderness "doing consultancy work and saving like hell". Wally Dove bought his first pharmacy in 1979 on the Isle of Wight. It was a run-down place in a secondary position in Newport doing 900 items a month. This gives the lie to those who think he knows nothing about running a small pharmacy, he suggests.

Over the next few years he opened two new pharmacies on the island. This was pre-limitation of contract, and yes, he could be accused of leap-frogging ... "but I did offer to buy the other guys out ..."

His fourth pharmacy was in East Cowes, his birthplace. Having bought it, he demolished it and rebuilt it bit by bit. "That's when I got into building. I like mixing cement and shovelling," he says. Mr Dove has a sentimental attachment to this pharmacy. "I always wanted to provide an AI pharmacy in the place I was born. I know it sounds a bit corny. Although we subsequently sold to Hills, that's what they got ..."

His fifth business — bought at full market price — was in Ryde. Having bought it, he promptly relocated opposite the main

branch of Boots, a move which he still relishes with ironic amusement. In 1992, four of the businesses were sold to Hills, AAI's retail arm, and with part of the proceeds he bought Ballards Pharmacy located in Faringdon.

DISPENSING GPS

It was here that he was brought face to face with the threat dispensing doctors can pose to the viability of an established business. "It really woke me up. I have been aware of dispensing doctors since the year 1978, but it was not until I actually opened the letter that I realised the enormity of the threat."

A whirlwind public relations campaign, fought in the local media and face to face with patients and doctors, saw the threat off, but the episode left its mark. "It's an area we have got to make some progress in quickly. Dispensing doctors are one of the big threats to pharmacy and one of the most difficult to fight," warns Mr Dove.

It's difficult when talking to Wally Dove not to switch tracks and end up talking about remuneration. He is, after all, an NPA nominee on the PSNC, and has some strong views on the subject.

The NPA has recently voiced its concerns over devolved pay. "PSNC accepted the principle over a year ago. We're into it — we've only got 1.4 per cent devolved at the moment, but it's like prostitution: once you've agreed to it, it's just a question of how much," he says.

He worries that local negotiations are a two-edged sword. There will always be winners and losers, depending on local conditions and abilities and the mix of contractors. There are "obvious inefficiencies" in negotiating at over 100 points and a spread of results is likely, explains Mr Dove.

The concern is that the Department of Health is looking for the cheapest solution. The temptation may be for a future

administration to recentralise and renegotiate from a much lower base, says Mr Dove.

Another worry is where the 18 per cent of devolved money is going to come from. "If it is prescription fees, there are a lot of us who wonder whether we will be interested in dispensing prescriptions for 60p. We will not be able to deliver the quality of dispensing service that patients deserve." All the multiples see the danger, he insists. Boots, which used to push for a flat fee, has done a U-turn.

The screw is being turned by the Treasury. It will keep turning until pharmacies start to close, "and whatever anyone says we have not yet had significant

Devolved pay: we're into it, but it's like prostitution, once you've agreed to it, it's just a question of how much

closures". However, with the shake-up at the DoH, Mr Dove thinks there is an opportunity to make progress in detailed negotiations.

"But we have got to change our negotiating stance. Sometimes we tend to be polarised in our thinking. We need constructive negotiation, picking up on things we can make progress on, rather than continually whingeing about things we can't."

But back to the NPA. There were seven new members elected onto the Board this year — an unprecedented number. Mr Dove anticipates no problems in integrating the new team. Indeed, in his view, it counters any criticism that the Board is a cosy club in need of new blood and fresh ideas. Mike Smith and Neil Chapman come with solid committee experience behind them. Mike Smith chaired the PSNC constitutional working party, one reason why he immediately found himself as an NPA nominee to that committee.

Hemant Patel represents, says Mr Dove, "the core of the problem

around London, and I don't think it's a bad thing to have him on Board". Mr Patel only joined the Association in February, "but when he looks hard at the NPA — and I think he will, because I have seen him operate on PSNC, and he likes lifting stones — I'm sure he will be pleased with what he finds".

Among the other new names, George Alexander has extensive LPC experience, John Hind is a member of the old guard, who has turned up with a different hat on, and George Allan represents the Scottish Pharmaceutical Federation. Last, but by no means least, is Ian Conquest, who Mr Dove uncharitably refers to as the "embryo Board member" on account of his tender years. At 38 he is the youngest member of the team.

The NPA, like every other organisation in the country, has done its fair share of navel-gazing with a view to trimming budgets over the last few years. Cost-saving efficiencies are coming through from modern technology, and although he reckons Mallinson House runs pretty efficiently, there are still things Mr Dove would like to see improved. Dissemination of information to members is one area he cites. "With most pharmacists using a computer, we need to work on getting information to them electronically."

INDUSTRY HELP

Such advances can be expensive, and the Association may need to look to industry for help, as it has done in the past. Collaborative ventures can be beneficial, as for example sponsorship of staff training packages. Reckitt & Colman is sponsoring the new medicines counter assistants package with a substantial sum, following in the steps of Crookes and Marion Merrell Dow. "Manufacturers realise pharmacists are important in putting their products through to the patient and are freeing up more money," believes Mr Dove.

His term of office leads up to the NPA's 75th anniversary next year. While he might get involved in the donkey-work and leave his successor to bask in the glory of the event, Mr Dove should have no difficulty in making his own mark. How could he, when he lists his hobbies as fly fishing, pharmacy and pharmacy?



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WHITEHALL

The most pressing concerns of the Royal Pharmaceutical Society's Branch Representatives came under the spotlight at last week's annual meeting. Topping the agenda was the ever-raging prescription faxing debate, with Council forced to confront the issue yet again

Non-contract faxing refuses to die

The debate over non-contract pharmacies' abilities to fax prescriptions to another branch for dispensing continues to command the attention of the Royal Pharmaceutical Society's membership.

Putting the case for the first motion at this year's Branch Representatives meeting, that the Council's decision not to oppose this practice is inequitable and against the best interests of the public and the members in the long-term, **John Savage, Dorset**, said: "Despite an acknowledged awareness of the strength of opposition in the profession, Council decided to back down and hope that the health minister would see fit to harmonise regulations in England and Wales with Scotland."

This approach sent a clear message to the minister: that Council was weak, ineffective and putty in his hands, added Mr Savage.

While the vote was carried unanimously by delegates, **Andrew Burr, Mid-Glamorgan East**, pointed out that the concept of opposing faxing alone was flawed. The changing world of technology offered new hurdles that the profession had to face.

• The Society is being exhorted to request the Home Office to move medicinal cannabinoids from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations. Such a move would offer relief to sufferers of conditions as diverse as multiple sclerosis, glaucoma, cancer and AIDS.

Brian Carey, Northumbria, pointed out that the Home Office has to have confirmation from the Department of Health that cannabinoids are a useful substance.

Seconding the motion, **Northumbria's Angus Carmichael** added: "Cannabinoids have been locked away since 1971 and it's our duty as pharmacists not to deny treatment to patients."

The motion was carried by a substantial majority.

• The Council should re-examine and strengthen Principle 9 of the Code of Ethics, specifically with respect to co-operation between pharmacist colleagues, delegates concluded.

Peter Clarke, Dorset, proposing the motion, called for a working party to be set up to look at this issue, "clearly stating that unfair activity to undermine other



Anita Nadra: instalment fees



Peter Clarke: no undermining

pharmacists is not permitted".

Alan Asher, East Metropolitan, called for a Code that was "as strongly worded as possible — to warn corporate bodies that they can go so far but no further".

However, there was one dissenting voice. **Nicola Gray, Manchester, Salford and Trafford**, believed changing the Code to command pharmacist co-operation would mean "that my efficiency could be used to bolster another pharmacist's inefficiency". Other ways could be found to make the profession work together and of penalising those who do not co-operate.

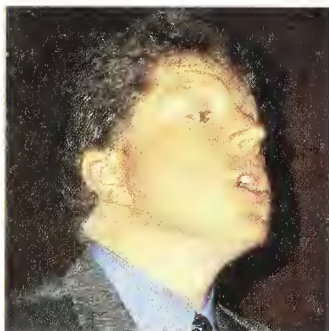
Delegates voted in favour.

• The Code of Ethics came in for further criticism with another motion succeeding in calling for more rigorous enforcement of pharmacy standards.

Proposer **Dr Michael Jepson, Birmingham & District**, highlighted the concern of many that standards are not being adequately upheld. "Are we prepared to leave it to family health services authorities and local health authorities?" he asked.

This was echoed by **Constance Ferris, Birmingham**. "If we move too slowly, we may find that standards are taken out of our hands by other bodies."

Ann Marsden, Gwynedd, made reference to her position on the



Ewen Jenkin: unhappy with ads



Andrew Burr: new technology

Statutory Committee when she revealed that it would prefer substandard pharmacies to be referred at a much earlier stage.

• **Anita Nadra, West Metropolitan**, highlighted the plight of newly-qualified pharmacists: paying for their preregistration examination, the registration fee upon qualifying in August/September, and again four months later — a total of \$300. She asked the Society to institute a system of payment by instalments.

The suggestion garnered broad support, although it was decided that direct debit was the best system of paying by instalments.

The Council had commented on this motion, saying such a change would require an amendment to the byelaws and a rise in administrative costs, and a subsequent rise in fees.

This argument was dismissed by **John Hunt, West Metropolitan**. "It is accepted by most institutions that direct debit is the most reliable and cost-effective means of collecting payment."

The Society's secretary, **John Ferguson**, replied that companies could cut off services, the Society would have to send late-payers a recorded letter, and a further two months to pay.

The motion was carried. However, **Alan Asher, East Metropolitan**, requested Council also

consider giving newly-qualified pharmacists a one-off concession where they paid a half-year fee for a half-year membership.

• While the de-regulation of POM medicines has pharmacists applauding, the manufacturers' approach to advertising has met with considerably less approval.

Ewen Jenkin, Dundee & Eastern Scottish, felt current advertising of POM to P switches "puts medicines in the same category as soap powder". The attitude is to take the control of sales out of the pharmacist's hands, he argued.

One way to get the message across of how pharmacists feel is to refuse to stock a product if dissatisfied with the advertising, added **Joe Richards, Dundee**. Both wished to see the current advertising of these products deplored on the grounds of patient safety and strict control of the advertising.

But not everyone agreed that the message this gave was the right one. **Mark Shepherd, Hertford**, believed this would indicate that pharmacists are not up to the task of controlling OTC medicines. **Dr Michael Jepson, Birmingham**, thought that it would encourage manufacturers' dissatisfaction with P medicines.

The motion was carried.

• **Ray Atkinson, Stockport & District**, wished for an end to 'as directed' and 'as before' on prescriptions and dispensed medicines to ensure patients understand how to take them. This would involve asking the patient, telephoning the doctor or, in the case of external products, using professional judgment to add the recommended dosage.

Such a move, said **Stockport's Jane Roberts**, would help carers and home helps. "If we can do it for nursing home staff, then we can do it for the public."

However, **John Urwin, West Cumberland**, disagreed. The task was one for doctors. **Alan Asher, East Metropolitan**, countered that the responsibility lay with both professions.

The motion was carried.

• Only one motion was lost: Council should take whatever action is necessary to allow prescriptions which have been dispensed and checked by pharmacists to be handed out in their absence from the pharmacy at which they were dispensed — **Slough**.

Access to patient diagnosis essential

Community pharmacists should have access to a patient's diagnosis in order to provide information with dispensed medicines.

This motion from **Manchester, Salford & Trafford** was passed after group discussion. The others were:

- Council should take steps to encourage the DoH to promote the public awareness of the pharmacist as a health professional. All members of the profession should have the skills necessary to allow them to give advice on a range of health topics — **South Cheshire**.

- In addition to the current validation procedures for pharmacy degrees in Britain, the Council should initiate a continual review of the changes in degree structure — **Cardiff & South Glamorgan**.

- Society should recognise potential deficiencies at some schools as a serious threat to the development of a four-year course, and actively pursue resources to ensure course change is properly funded — **British Pharmaceutical Students Association**.

- The implementation of a four-year undergraduate course presents a unique opportunity to develop the infrastructure needed to

support a compulsory split preregistration year — **British Pharmaceutical Students Association**.

The following were lost:

- Community pharmacists should be obliged to keep a running total of each Schedule 2 controlled drug recorded in their Controlled Drug Register — **Manchester, Salford & Trafford**.

- Once a branch presents a motion for debate, members of the Council and employees of the Society should not seek to amend it. This is the function of the members present at the Branch Representatives Meeting — **York & District**.



BPSA president Chris Poole

Opposition to mail order referred

A number of motions were referred to the Council without debate.

- Any move towards mail order pharmacy should be vigorously opposed — **East Kent**.

- Sales of paracetamol should be confined to pharmacies where pharmacists and their qualified staff can provide the necessary advice to ensure this drug is used safely — **Leeds & District**.

- All generic drugs should be manufactured to a standard that defines the size and appearance of each individual medicine. The products supplied would then be of constant appearance, irrespective of maker — **Macclesfield**.

- Council be urged to organise a publicity campaign, which will draw to the attention of the public and opinion formers the continued refusal of the DoH to add to the Drug Tariff the necessary range of items, such as wound dressings and catheters, required for proper treatment of patients in the community but currently only available at hospitals — **South Cheshire**.

- Society should publish, in language approved by both the Council of the Society and the Plain English Society, the current legal interpretation of the Society's Charter objects — **Dudley**,

Stourbridge & District.

- The Council should bring pressure to bear on the various licensing and trade representative bodies in this country to ensure that all OTC medicines, whether classified P or GSL, have all of their ingredients listed on the pack in an agreed size and place, and preferably in a contrasting colour to the rest of the print on the pack — **East Metropolitan**.

- The Society should update its computer system to allow the supply of local membership details to branch secretaries in electronic format if requested — **Leeds & District**.

- A space of suitable size should be provided on all original packs of medicines to enable a dispensing label to be attached — **Macclesfield**.

- Society should consider whether there are members worthy of proposal for inclusion in Her Majesty's Honours List on an annual basis, and should actively support such proposals — **Glasgow & West of Scotland**.

- Pharmacy current affairs should be incorporated into the undergraduate core curricula at each and every school of pharmacy — **British Pharmaceutical Students Association**.

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AAH's hands tied during bid

AAH Pharmaceuticals has responded to criticism from some sectors of the media (C&D Xrayser April 29) that the company did not keep customers informed during the takeover.

Marketing director Alan Turner says: "At the time, we were not in the position to issue any statements as the bid was for our parent company and not for us directly."

"Now the bid is complete, we have moved swiftly to bring them

up to date. Indeed, we have invited any customer who may still have queries relating to our change in ownership to contact the company."

The company has written to customers to update them on the takeover details. The letter maintains that the change in ownership will not affect the quality of its services. The company states that it will "be looking to further enhance the services it provides with the

introduction of new initiatives and the forging of closer links with Europe".

"Now we are part of Europe's largest pharmaceutical wholesaler we expect that our customers will benefit quite significantly in terms of us helping them further develop their businesses within a highly-competitive market," comments Mr Turner.

• As of May 16, Gehe has a 62.17 per cent shareholding in AAH plc.

OTC brand fails in UK market

Contract manufacturer Wrafton Laboratories has withdrawn sales support from its OTC brand venture, Barum.

Barum, pitched halfway between private label and OTC brands, is priced 30-40 per cent below leading names.

Wrafton managing director Brian Sherwin says the brand was not picked up by the major retailers and wholesalers because of the lack of consumer advertising support.

"We learnt a bitter lesson that unless you advertise to consumers you won't get wholesalers and retailers to take on the products," he says. He maintains the brand was also at a major disadvantage because of its lack of Pharmacy only products.

The company, a management buyout from Amercian Home Products, planned to plough turnover into advertising, but the £250,000 the brand made in its first year was not enough.

Barum will still be sold in Eastern Europe and some items will continue to be sold through some UK grocery outlets.

High Court grants Zeneca injunction

Zeneca has been granted an interim injunction by the High Court preventing Essex-based importer Waymade from selling Spanish-originated Zoladex.

The injunction was granted following Zeneca's complaints of both trademark and patent infringement.

The injunction stops Waymade from selling, supplying or importing Zoladex until the issues have been resolved.

• Zeneca's first chairman, Sir Denys Henderson, stepped down after the company's annual general meeting this week. Sir Stanley Lipworth will take over.



Sir Denys, first chairman of Zeneca, steps down

Merger talks on with Medeva

Fisons' chairman, Paddy Linaker, has confirmed that merger discussions with Medeva are on-going.

Mr Linaker, speaking at the company's annual general meeting this week, told shareholders: "You will be aware that discussions have been taking place for some time with Medeva regarding a possible combination

of the two businesses. These discussions are continuing but, to comply with regulations, there is no further comment I can make at this stage."

Rumours regarding the merger started earlier this year and Medeva is said to be standing firm on its share purchase price of 300p, valuing the company at \$900 million.

Pharmaceutical R&D underrated

The public underestimates the role of the pharmaceutical industry in the discovery of new medicines.

Almost three-quarters of the 2,000 people questioned in a MORI poll cited university researchers as the group most involved in discovering new medicines and only 42 per cent believed this to be the work of pharmaceutical companies.

In fact, the pharmaceutical industry funds almost three-quarters of research and, through co-operation with academia and the National Health Service, is the main provider of new medicines, according to the Association of the British Pharmaceutical Industry.

However, the public and industry agree over which areas of research need priority. Almost one in six of the public believes research into medicines to treat cancer should be the industry's top aim, followed by AIDS and heart disease.

This is reflected by industry figures that show the largest number of compounds in phase I to III trials in Britain are in cardiovascular disease (40 compounds), infections and AIDS (33), central nervous system (30) and cancer (27).

• The pharmaceutical industry needs to collaborate more closely with patient groups to improve quality of care, Christina Funnell, director of the National Eczema Society and chairman of the Long-term Medical Conditions Alliance, told delegates at the joint ABPI forum.

The industry and the health service can provide "truly patient-centred care" by drawing on the LMCA's specialist knowledge and experience, she said.

Lloyd UK's 372nd richest, claims Sunday Times

Allen Lloyd, chairman of Lloyds Chemists, has come down in the estimation of the *Sunday Times* Britain's Richest 500 survey.

Last year, his worth was reckoned to be \$40 million. This year he is ranked joint 372nd in the league, with estimated assets of \$32m.

Tony Tabatznik and family, owners of Generic UK, are the highest-rated pharmaceutical figures. The family, which sold 51 per cent of Amerpham (known as Generic UK in this country) to Merck last year, is estimated to be worth £250m and is ranked joint 35th.

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CBI survey shows sales upswing

Chemists reported a sharp rise in sales in the year to April, according to the latest Confederation of British Industry Distributive Trades survey.

Business for the sector was considered slightly above average for the time of year and a further rise in sales volumes is anticipated in May, but trade for the time of year is expected to be below average.

The largest volume increases in the High Street were reported by footwear and leatherwear shops, and the only significant decrease by specialist food shops.

As a result of this overall

improvement, firms saw business as only slightly below average for the time of year, although this was the first time this year that sales volumes would have been in line with retailers' expectations.

Alastair Eperon, chairman of the survey panel, says: "The pick-up in April was as much as retailers expected, as business improved around Easter."

"The three-monthly trend shows a less buoyant picture than a year ago. Business for the time of year was also seen as slightly above average, though the situation has improved since the beginning of 1995."

MB's computerised catalogue

Mawdsley Brooks' new computerised catalogue will give pharmacists who are signed up to

its stock ordering system details of 200 OTC promotions each month.

Price Point is available to 650 pharmacies in the Midlands and the north of England, which use the company's twice daily delivery service. The on-screen display will initially be available to users of the computerised information and stock ordering system.

The service provides product promotions which change daily. Orders will be taken over the telephone by the company's telesales force, based in depots in Salford, West Bromwich and Sheffield.



Price Point is designed to inform pharmacists of special lines promoted each month

COMING EVENTS

MONDAY, MAY 22

North Metropolitan Branch, RPSGB

AGM at the London School of Pharmacy, Brunswick Square, 7.30 for 8pm, followed by demonstration of products by Clarins.

THURSDAY, MAY 25

Weald of Kent Branch, RPSGB AGM at the Postgraduate Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 for 8pm, followed by 'Chronicles of Ashdown Forest' by Larry Chappell.

Bedfordshire Branch, RPSGB

At the Cedar Room, Silsoe Conference Centre, Silsoe College, Bedfordshire, 7.30 for 8pm. 'Diabetes' meeting sponsored by Novo.

Plymouth Branch, NPA

AGM on third floor of York House Exercise Centre, Stoke Damerel Business, Stoke, Plymouth, 8pm.

ADVANCE INFORMATION

The College of Pharmacy Practice's London Study Group is holding its next meeting on **June 1** in the Board Room at the Middlesex Hos-

pital. Further details from Nick Hooker on 0171 387 9300.

The University of Bradford is holding a pharmacy Prestige research seminar lecture on 'Is drug metabolism predictable?' by Professor G T Tucker (University of Sheffield) on **June 7**, at D4 Lecture Theatre, Richmond Building of the University. Further details from Professor P York, tel: 0127 384738 or fax: 01274 384769.

Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training is holding a conference, 'Seamless pharmaceutical care', on **June 14**, at the Airport Hotel, Aldergrove, Antrim. Further details are available from Dr Norman Morrow, tel: 01232 523279.

The Royal Society of Medicine is holding a conference on 'Entitlement to NHS treatment: the resolution of dispute' on **June 14** at the Royal Society of Medicine, 1 Wimpole Street, London W1. Further details from Lisa Spicer, Forums Office, tel: 0171 290 2900.

Credit law shake-up on the cards

An Office of Fair Trading report, published this week, has thrown out banks' demands for second-in-line liability, where consumers would be required first to pursue a claim against the retailer.

OFT director general Bryan Carsberg says: "Most consumers do go to the supplier first, but in some cases, for example where the supplier has gone out of business, it would be a pointless exercise involving a real cost to the consumer in time and money."

The report, 'Connected Lender Liability', proposes a major shake-up of credit card law. It recommends that credit card companies' liability is limited to the amount spent on the transaction. Credit card companies have also agreed to meet claims on overseas transactions.

• Credit card usage grew by almost half in pharmacies last year, according to a report by the Credit Card Research Group.

The report, 'Plastic Surge Checks Cash', revealed the use of cards in the 'other retailers' sector — which includes pharmacies — has seen a rise from 19.2p to 28.4p.

NPA new contracts

New employment contracts — amended in the light of the recent JIC wage agreement (C&D April 29, p660) and the removal of the fair wages clause from pharmacists' Terms of Service — associated literature and details of new pay bands, are now available from the National Pharmaceutical Association.

Sundries offer

Numark has teamed up with independent national chemist sundries house Fernan, enabling shareholders to buy all their sundries from one supplier. The alliance has an exclusive retrospective payment system based on annual levels of business achieved. Rebates will vary from 1.5 per cent, according to the level of purchase made. For further details of the programme contact Numark.

Chemical retrieval service

Pharmacists who have a one-hour photo service with Photo-Me's new Imager microlab can now take advantage of the company's free chemical collection service. For more information telephone the company's Susan Dunn on 01372 453399.

Revolutionary Cantassium Microvitamins including Folic Acid in easy-to-use Klik Packs — your quick route to healthy profits in this fast expanding market. Easy to take, easy to display and easy to sell.



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Applications will be considered from Pharmacists registering in the near future.

For more information please contact
Richard Close, MRPharmS, Burrows &
Close Ltd, Unit 5, Charles Park,
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Telephone 0115 927 7174 (daytime) or
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Capital Support Services

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Fax: 01222 549185

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URGENT! Locum required from 10th July '95 to 22nd July '95 inclusive. Please call 01895 442545 or after 7.30pm on 0181-421 0584.

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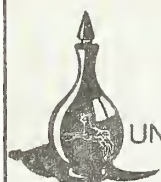


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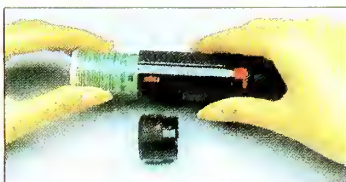
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01438 312228.

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ABOUT people

Words of advice from a Charter medallist

"Every single one of us can work for the profession rather than just at it," said Marion Rawlings on receiving the Royal Pharmaceutical Society's highest accolade, the Charter Gold Medal, at the annual meeting last Wednesday.

She described herself as an ordinary community pharmacist with a single business in a side street in the capital of Wales, and recalled that she became a pharmacist as a consequence of her "archetypal girls grammar school" finding itself short of candidates for A-level sciences.

"We are fortunate in this country to have a category of Pharmacy medicines. If we do not use our knowledge and expertise, we will lose that category," she warned. It would be a blow from which pharmacy would never recover, she said.

Winner of the Charter Silver Medal hospital pharmacist Bill

Brookes said it was "an unexpected honour right out of the blue".

He said he was increasingly concerned that opportunities for pharmacists to work for the

profession, particularly those in the hospital service, are limited by pressures of work. He cited the small numbers who stood for the various elected bodies as evidence of this.



Sporting their trophies at the annual meeting were this year's Charter Medal winners. Marion Rawlings was awarded the Charter Gold Medal for her contribution to pharmacy. The Charter Silver went to Bill Brookes for his contribution to the profession at a local level

Pharmacist ahoy!



Pharmacist Clare Savage has left the comfort of Essex to become a volunteer aboard a hospital ship which will treat the sick in Africa.

Clare, who was working at Broomfield Hospital in Chelmsford, has just taken over from Canadian Heather Dickie (C&D September 17, 1994, p466) as the only pharmacist aboard the Anastasis — a hospital vessel run by Mercy Ships, a non-profit, Christian relief agency.

The first six months will be spent in Holland, Denmark and Germany procuring medical supplies and funds. In October, the ship will head for Togo in West Africa to help build hospital wards, dental clinics and perform scores of eye and maxillo-facial surgeries.

One of the major tasks is deciding which drugs to take to Africa and how much of them to take. Another challenge is identifying the drugs that are donated by the different countries. To this end, Clare will have help from the ship's CD-ROM Martindale.

Second pharmacist elected to Isle of Man parliament

Isle of Man pharmacist Steve Rodan is the profession's second representative to be elected to the House of Keys, the lower house of the island's parliament.

Mr Rodan stood as an independent candidate in the by-election in the constituency of Garff, winning by a majority of 68 votes. The Heriot-Watt graduate joins fellow pharmacist Richard Corkhill, who was elected to the 24-member parliament in the general election of 1991.

He's not the only pharmacist to have achieved political success recently. Cumbria's Robert Leach has been elected as the Liberal Democrat representative on South Lakeland District Council.

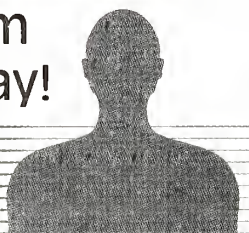
BPSA Madden mix-up

Due to incorrect information received, last week's picture of the British Pharmaceutical Students' Association executive carried the name of BPSA press officer Nicola Wake. It was, in fact, the Association's secretary general, Fiona Madden.



Alan Cruickshank (right) has been appointed chairman, and George Allan vice chairman, of the Scottish Pharmaceutical Federation. Mr Cruickshank, previously vice chairman, takes over from the departing Edward Brown

It's Immense. It's the Imodium Display Giveaway!



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Higgins Pharmacy
Surbiton

And remember:

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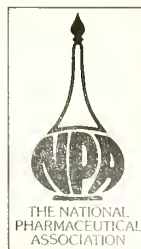
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The 1995 NPA Challenge Cup, organised in conjunction with Pharmacy Today and Chemist & Druggist, will take place at the Aldenham Golf and Country Club, just off the M25/M1, on Tuesday, June 6.

The 1995 NPA Challenge Cup



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FOR EXTERNAL USE ONLY Legal Category: P (PL 0173/0161) Packs: 5g, RSP £3.95 (£3.36 exc. VAT)

THE HEALTHY Travel

A supplement to Chemist & Druggist

HAYFEVER -
SEEING CLEAR
INTO THE FUTURE

PLANE SPEAK: TIPS ON
HEALTHY FLYING
**BITES STINGS AND
FLYING THINGS**
THE LATEST ADVICE ON
MALARIA



Sufferers choose it for *speed* You recommend it for *peace of mind*

With Clarityn, hayfever sufferers get what they want; relief from symptoms within minutes¹ – nothing works faster! What's more they'll stay alert throughout the day² and be sure of a full 24 hours relief³ from a single, easy to swallow tablet.

With Clarityn you get all the peace of mind you need. Clarityn doesn't interact with alcohol.⁴ Clarityn does not cause sedation.² In vitro work has shown that Clarityn shows selectivity for peripheral over CNS H1 receptors.⁵

And if the only symptoms are itchy, runny eyes, Clariteyes delivers fast, effective relief.⁶

Make Clarityn and Clariteyes your recommended hayfever treatment this season – it's in both your customers' and your interests.



Product Information

Clarityn: Clarityn tablets contain 10mg loratadine. **Indications:** For the relief of symptoms associated with hayfever, allergic rhinitis and urticaria. **Dosage:** Adults and children aged 12 and over, one tablet once daily. **Contra-indications:** Hypersensitivity. **Pregnancy and lactation:** Side effects: Rarely, fatigue, nausea and headache. **Pack sizes:** Cartons of 5 tablets. **Retail price:** £3.95. **Legal Category:** [P]. **Product Licence Number:** 0201/0175. **Product Licence Holder:** Schering-Plough Ltd, Welwyn Garden City AL7 1TW. Date of last revision: August 1994.

Clariteyes: Clariteyes Eye Drops contain sodium cromoglycate Ph.Eur 2% w/v. **Indications:** For the treatment of some seasonal (allergic) conjunctivitis including hayfever. **Dosage:** Adults, children and the elderly: one or two drops into each affected eye up to four times daily. **Contra-indications:** Hypersensitivity. **Side-effects:** Transient blurring of vision, burning, stinging may occur. **Pack sizes:** 10ml. **Retail price:** £3.95. **Legal Category:** [P]. **Product Licence Number:** 0530/0X56. **Product Licence Holder:** Marton Healthcare Ltd, Harlow, Essex CM19 5TL. Date of preparation: January 1994. Prices correct at the time of going to press.

References: 1. Gold R, Rosen L. *Today's Ther. Trends*, 1988; 6: 19-21. 2. Bette J et al. *Proc. XII Int. Congr. Allergol. and Clin. Immunol.* Montreal 1988; 74-79. 3. Banov G. *J. Int. Med. Res.* 1989; 17: 160-166. 4. Massel L, Plummer W and Buckmann M. *Eur. Acad. of Allergy and Clin. Immunol.* Budapest, May 1986 (abstract). 5. Ahn H.S., Barnett A. *Eur. J. Pharmacol.* 1986; 127: 155-158. 6. Takano T, Lindevald K. *Acta Otolaryngol. Otorhinolaryngol. Fren.* 25th Int. Congress, Rome May 1986; 1270-1273.

HEALTHY Travel

A supplement to Chemist & Druggist

MAY 1995

4

PLANE SPEAKING

Tips on how not to feel mongled after a long haul flight and how to cope with jet lag

8

HAYFEVER: A CALMER YEAR?

Last year, the hayfever remedies market was frenetic with product launches. This year promises fewer launches, but no let-up on marketing activity



14

BITES, STINGS AND FLYING THINGS

An update on insect repellents and bite and sting treatments



22

GOOD NEWS FOR SOME

Anti-diarrhoeal compounds to benefit from the popularity of long quiet days

16

MALARIA — THE LATEST

Key points to advise travellers to the tropics



Picture courtesy: Schering-Plough

Syntaris®

NEW POM TO P SWITCH OFFERS HAYFEVER SUFFERERS A POLLEN-FREE SUMMER

Syntaris (flunisolide) is available as a P product in pharmacy this season for the first time. A nasal spray that offers relief and protection against hayfever for the whole season, Syntaris is one of the more powerful remedies for hayfever and as such will depend on the pharmacist's recommendation and support.

Says Alan Main, marketing manager at Roche Consumer Health: "It is the company's first POM to P switch and we feel that the benefits of a product like Syntaris should be fully explained to the purchaser. The pharmacist is the best person to make the judgment about which hayfever sufferer will most benefit from Syntaris and previous experience shows clearly that the market is driven very much by pharmacists' recommendation."

Ideally regular sufferers should start using Syntaris one week before the season starts and continue throughout the period. The season generally starts about June 1 and ends in the third week of July. Even when the pollen count is low, sufferers should continue to use Syntaris to maintain their pollen-proof status.

Syntaris retails at £4.89 for 10 mls - a cost to hayfever sufferers of 39p per day to remain pollen-free for the season. The standard trade price is £2.79. "We are offering a 33 per cent margin which is the highest cash margin on any hayfever product," says Alan Main, "with opportunities to improve on that."

A comprehensive range of pharmacy educational material is available from Roche Consumer Health. Contact 01707 366 000.



PLANE

Don't eat baked beans before you fly or you could be an unpopular travel companion. Adrienne de Mont looks at the physiological effects of air travel and the research being done into jet lag

stay h

People often use the term 'jet lag' to describe the mangled feeling they experience after spending 12 hours in a metal tube five miles above the ground

But jet lag is a specific condition in which the body clock is disrupted by passing quickly through different time zones. The effects can last several days. Travel fatigue, on the other hand, is something that is soon put right after a hot bath and a good sleep.

It is only east/west and west/east travel which throws the body clock into disarray. Travelling north to south and vice versa does not cause the same problems, as the time in the new destination is usually similar to that at home.

Much of the discomfort of long haul flying comes from sitting still for long periods in a reduced atmospheric pressure and there are steps travellers can take to minimise it.

One precaution is to wear loose and comfortable clothes and shoes, as ankles swell and waistbands become tighter in the air.

Cabin pressures are reduced to about 600mm Hg, which is the altitude equivalent of 6-7,000ft. When the pressure of a fixed amount of air goes down its volume goes up. So an air bubble trapped in the gut at ground level will have expanded by about a third once the aircraft has reached its cruising height, causing abdominal swelling and discomfort.

Dr Sandra Mooney, head of occupational health services at British Airways, says: "We suggest you avoid gas-producing foods, such as baked beans, pulses and spices, the day before you fly. Once in the air, the gas in your intestine has already expanded so fizzy drinks and pulses will cause

no more problems than they would on the ground."

The lower oxygen levels mean it's sensible not to smoke heavily before or during a flight as carbon monoxide from the smoke combines with haemoglobin in the blood to reduce its oxygen-carrying capacity still further. Similarly, hypoxia accentuates the adverse effects of alcohol

"But it's a myth to suggest that people should constantly drink water to counteract dehydration," says Dr Mooney

"The atmosphere in a plane is dry and tends to get drier as the flight proceeds, but the effect on the body is only superficial. Your eyes feel gritty and your skin and lips

feel dry, which can be helped by using moisturiser, lip balm and soothing eye patches

"The body reacts to this dry external atmosphere by triggering a hormonal mechanism, which is poorly understood, to instruct the kidneys to conserve fluid. Studies have shown that pilots gain weight during flight due to water retention. So the key is to drink only to comfort level, but it's sensible to go easy on the alcohol because its diuretic effect counteracts your body's natural fluid conservation

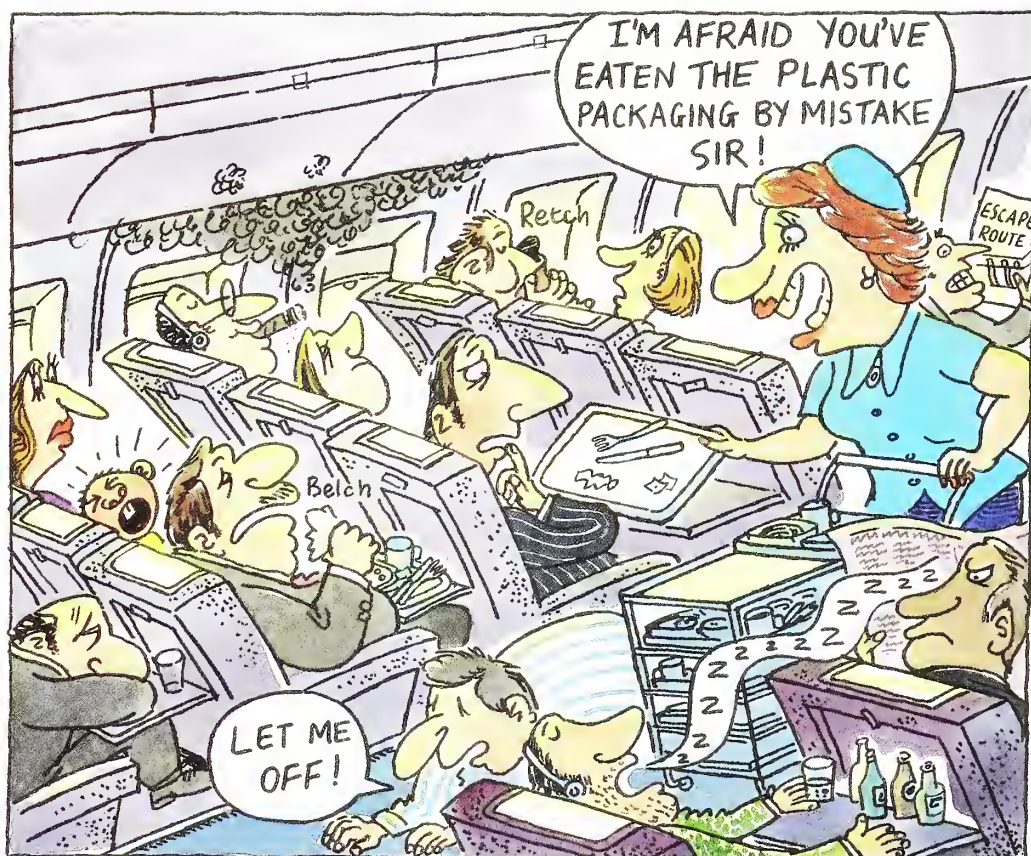
"In the 12 hours after you get off the plane you may find you pass more urine than usual as your body decides there is no need to conserve water any more."

Her advice on eating is to "graze" — to eat "what you fancy, and not everything just because it's there".

The discomforts of overeating are compounded by "sitting like a pudding" for 12 hours at a time. This lack of exercise can cause other problems. Prolonged sitting puts pressure on the veins at the back of the thigh and restricts the circulation, resulting in swollen ankles and, in some extreme cases, deep vein thrombosis.

"It's advisable to relieve this pressure by walking around as much as is practical. Even just standing up and wiggling your toes can help," says Dr Mooney.

"Another way to prevent swollen



SPEAK:

Healthy while flying

ankles, once the flight is under way, is to put your feet up on your hand baggage to relieve the pressure on the back of your legs.

Compression hosiery can be useful for people who have problems with swollen legs or varicose veins. Anyone who is at risk of deep vein thrombosis, such as the elderly or those with cardiovascular disease, should seek a doctor's advice about taking aspirin or low molecular weight heparin. Similarly, anyone with pain and swelling in the calf after a long flight should be referred to a doctor immediately.

Broken limbs

People sometimes worry they will not be allowed on a plane if they have an arm or leg in plaster. There should be no problem with broken arms, but people with broken legs are advised not to fly until 48 hours after the plaster has set, unless it is bivalved and can expand to accommodate further swelling.

The main problem with legs in plaster is one of logistics. "You can't dangle your leg in the aisle for safety reasons," says Dr Mooney, "and, although the seats near emergency exits look favourable, regulations prevent us from putting any passenger in them who might impede the evacuation of others."

Airlines are well practised at carrying battered bodies back from the ski slopes and can usually offer a solution if given advance warning.

"Consult the airline if you have any medical queries, don't just guess. People are sometimes afraid that an airline will say no, we won't take you, but we can often make adjustments to fit in with medical needs," says the doctor.

"Our cabin crew are well

Fear of flying

Fear of flying is no joke. A British Airways' flight once had to turn back because a hysterical passenger was beyond control. The crew ran out of flying hours and a whole plane-load of travellers had to be accommodated overnight in a hotel. It cost the airline nearly £400,000.

This phobia affects 10 per cent of the population. "Some people are so scared that it's better they travel by sea," says Dr Mooney. "It's only worth going on a 'Fear of flying' course if it's essential to travel by plane. For example, if travelling is part of your job."

She suggests that customers who appear seriously worried might be referred to a GP for possible treatment with beta-blockers or benzodiazepines.

"The mere fact that you know you have something with you to help is a help in itself. The fear of the fear is often the worst part."

Aviatours (tel: 0161 832 7972) is one company which runs 'Fear of flying' courses about every six weeks. The full day course starts with talks about how planes fly and what keeps them up in the air. A psychologist explains how people can help themselves overcome their fears.

In the afternoon, they take off in a plane which cruises around looking for turbulence — one of the most worrying experiences of flying — and there is a running commentary explaining every move and sound the aircraft makes.

About half the people on the course have never been on an aircraft before and the company claims a 100 per cent cure rate in this group. Other participants have usually flown several times but then have suffered a bad flight and been afraid to fly again. The cure is said to be about 95 per cent for these people.

The course costs £119 in Manchester and £159 in London (because of higher airport taxes).

trained in first aid, but they are not nurses and can't give their undivided attention to one person or the other 400 passengers would complain. As they are handling food they are not able to deal with colostomy bags or urostomy drainage, so if passengers can't take care of their own personal needs, they should take a travel companion."

Anyone with a condition which might be adversely affected by low oxygen pressure, such as heart or respiratory disease, should consult their GP about fitness to fly. Some may wish to arrange with the airline for supplementary oxygen.

British Airways has a dedicated 24-hour phone line to deal with medical queries on 0181 562 7070.



NOP research showed that 19 per cent of people who travelled abroad last summer took TCP medication with them. When space is at a premium in the suitcase, a multi-purpose product, such as TCP, has advantages over more specialist holiday products, says Pfizer Consumer Healthcare. TCP has a summer sales peak as families replace their empty bottle or tube for the holidays.

Jet lag



Jet lag is inevitable when flying across time zones, although some people suffer more than others. One-third of travellers are laid out with disorientation and insomnia, the body's reaction to what it sees as being in the wrong place at the wrong time.

This is due to disturbances in the body clock, which helps you adjust to an environment in which you sleep when it is dark and are active in daylight.

As well as waking you up in the morning and sending you to sleep at night, this internal mechanism controls body temperature, various hormones, the digestive system, your ability to perform mental and physical tasks, and virtually all daily rhythms. These rhythms are also influenced by external factors, such as light and dark, and the activities going on around.

For social reasons, most people structure their lives round a 24-hour day based on work, meal-times and leisure. Left to run freely, the body clock would follow a 25-hour cycle. This means travelling west is easier as the body adjusts more readily to a lengthening day.

After crossing several time zones, you can't sleep at night and feel tired during the day. You suffer indigestion, irregular bowel habits and upset menstrual cycles. Lack of sleep contributes to a further

decline in mental and physical performance. Gradually your body functions all catch up with what is happening at the new destination.

Dr Mooney at British Airways likens it to an orchestra, with many players playing different notes and coming in at different times: "Under the control of a conductor you get harmony. When you move to a destination where your body is out of synch, it's as if the conductor has decided to move ten pages ahead the musicians all try to catch up but they do so at different rates. The result is cacophony."

No one — not even aircrew — ever adapts to this disruption, but many people develop ways of coping with it, such as adjusting their daily routine before travel.

Prospects of cure

There has been particular interest in melatonin, a hormone secreted by the pineal gland at the base of the brain, which seems to control activities relating to light and dark. As yet, its role is poorly understood, but as it is normally secreted only during the dark it may act as some form of darkness indicator. Its release appears to promote inactivity or tiredness.

Melatonin has been used orally before, during and after flights, to see if it counteracts jet lag. According to Professor Josephine Arendt, professor of endocrinology

at Surrey University's School of Biological Sciences, it has shown promising results in re-adjusting the body clock.

Melatonin seems to act in two ways. Its immediate effect is to lower body temperature and to decrease alertness, which in some way helps to shift the body clock. Over a number of days it acts cumulatively to speed up the rate at which the body clock re-adjusts to local time.

"Timing and dosage are critical as it can make you feel worse," says Professor Arendt. "We need to customise the dosage to each individual, depending on where they are going and when, how many zones they are crossing and how complicated the journey is."

Professor Arendt and her colleagues have been carrying out research under so-called field conditions, in which volunteers take melatonin when flying all over the world, and in laboratory conditions which simulate the effects of long haul flights.

Data from 86 placebo-controlled studies have shown that melatonin is effective. The incidence of side-effects was negligible in nearly 500 people taking it under field conditions, the most common being drowsiness which occurred in 8 per cent compared with just under 2 per cent on placebo.

The researchers at Surrey University use melatonin in a capsule form which has been licensed for experimental human use by the US FDA. One problem with its commercial development is that pharmaceutical companies would have difficulty in patenting what is a readily-available natural product. A number of companies are developing patentable

formulations such as delayed release, or looking at agonists or antagonists which fulfil the same purpose in adjusting the body clock.

What to do

At one time travellers were advised to try to adapt to local conditions as soon as possible. But now, BA's Dr Mooney says, the best advice is to do what your body is telling you to do.

If it's possible, sleep when you feel like sleeping, and if you're still awake half an hour after going to bed, get up and do something else. There is no evidence, says the doctor, that this will delay your adjustment to local conditions.

"Socially it's useful to try to adapt quickly, but don't get paranoid about it. Don't think you must force your eyelids open with matchsticks even if you're nearly dead."

For the business traveller on a short trip there is no point in trying to adapt at all — just try to arrange meetings for when you're at your best. Organise important events to coincide with what would be daytime if you were at home and avoid what would be nighttime.

On average, it takes about a day to adjust for every hour's time difference. That means five days for a trans-Atlantic trip and ten days for Australia.

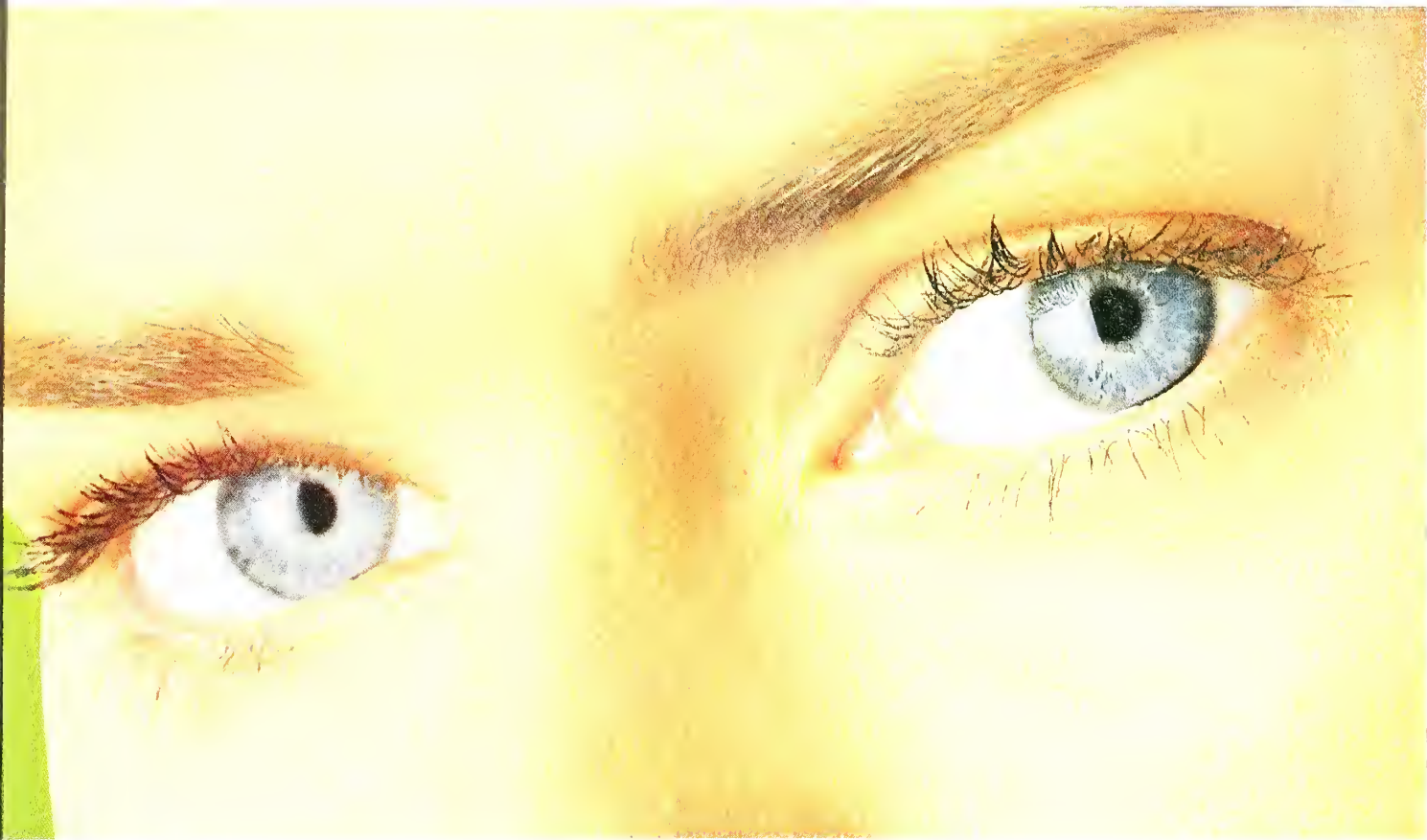
Several 'cures' have been suggested. Dr Mooney has a filing cabinet full of 'old flyer's tales', which include special diets, herbal remedies and acupressure, but none are backed by firm scientific evidence.

There have been suggestions that exposing yourself to daylight at specific times and avoiding

Continued on p8 ▶



Dendron suggests pharmacists maximise on sales by recommending Blisteze to soothe the lip problems which often occur in the summer. The product is being supported with cinema advertising, public relations targeting the women's and national press, and advertising in the teenage press. A new display unit is available.



SIMPLY RED STING WET WET WET TAKE THAT

Customers who suffer the seasonal miseries of allergic eyes have already got the message. Opticrom Allergy Eye Drops are your pharmacy brand leader, with a growing 42% brand share* of the hayfever eye treatment market.

This summer, Opticrom means even more business, with a massive £1,000,000 campaign spreading soothing news in women's magazines and national newspapers, on poster sites and on eye-catching display materials for you.

Open your eyes to a pharmacy-only hit that's now available in a choice of 5ml or new 10ml pack sizes, call 01509 634000 extension 34115, or see your Fisons representative for orders or more information.



Opticrom[®]
ALLERGY EYE DROPS

The most popular treatment
for hayfever eyes

ONS

Pharmaceuticals

in & Industry estimate

Product Information: Opticrom Allergy Eye Drops: 50mg/5ml contains 0.5mg/5ml of 0.1% w/v with 0.1% w/v of sodium edetate, purified water. **Use:** For effective treatment of itchy, watery or inflamed eye, caused by seasonal allergic conjunctivitis. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** Do not use whilst wearing soft contact lenses; caution should be exercised following the use of any eye drops. **Discard:** Discard contents four weeks after opening the bottle. **Warnings:** If patients suffer from allergic eyes for more than 3 months in one year, they should see a doctor or pharmacist. This product should not be used continuously for more than 3 months without the advice of a doctor. **Dosage:** 1 or 2 drops into each eye 4 times daily. **Side effects:** Irritation, burning, stinging and blurring of vision. **Packaging:** 5ml and 10ml bottles. **RSP:** £2.99 for 5ml and £4.99 for 10ml. **Legal category:** P. **Product licence number:** 01/003/01. **Licence holder:** Fisons, 150 Colinton Road, Letchworth, Herts SG6 6GP. OPTICROM and EPOFON are registered trade marks of Fisons plc. MK1/OP1/100291



◀ Continued from p6

daylight at others can help re-adjust the body clock. Some airlines are considering having bright light zones on board, but the role of these regimes is still under debate.

It may help, in flight, to put your watch to the time at your destination and try to eat and sleep according to that. Air crews often adjust their daily routine before they travel — if they are flying to Australia, they get up an hour earlier each day for a week. If they are heading west, they try to go to bed and wake up later.

Professor Arendt suggests that travellers adjust their daylight exposure along the following lines:

- going east, six time zones or more — go out into the daylight at mid-day, avoid morning light
- going east, under six time zones — get morning light
- going west, six or more time zones — go into mid-day light, avoid late afternoon light
- going west, under six time zones — get late afternoon daylight

Taking medicines

Travellers may have to reschedule their medicines to cope with time zone transition.

This is important for insulin-dependent diabetics and the British Diabetic Association recommends that people with diabetes ask the clinic if it has a standard system of dealing with time zone travel, as advice varies.

Timing is also critical for oral contraceptives, which should be taken at the same time of day if possible. Schering Health Care recommends women should keep to UK timing until they reach their destination. They should then work

out the time difference so that they are taking the pill at the same time as they would be at home. If this is inconvenient, say Sam, they can change to a more convenient time, but should not leave longer than 24 hours between doses and not take more than two in 12 hours.

Contraceptive protection may be lost if there is more than a 12-hour delay after the normal time of taking the combined pill and more than a three-hour delay with the progestogen-only pill.

When returning home, the same routine should be followed. If the woman is travelling from one country to another, with several time zone transitions, it is simpler for her to stick to UK timing.

Frequent world travellers, such as air hostesses, usually find other forms of hormonal contraception, such as implants, more suitable.

Hormone replacement therapy is not as critical, but women could follow similar adjustments.

Pre-flight checks

- Some countries have restrictions on certain drugs, such as narcotics; the individual embassies will advise. A note from a doctor saying "Mr X is taking drug A for condition B" can help at customs.
- Essential medicines should always be carried as hand baggage. Some, such as insulins, must not be carried in the hold as they are damaged by freezing.
- Some vaccines are covered by the IATA dangerous goods regulations and must be packed in a special way, consult the airline.
- Airlines need to know well in advance if passengers have mobility problems or need help because they are blind or deaf.

HAYFEVER: A CALMER YEAR?

Last year saw ten new product launches in the hayfever remedies sector. This year, it will be interesting to see how the market settles, with only one product launch so far — Syntaris nasal spray — and no more POM to P switches expected

notoriously unreliable.

Last year, sales of hayfever remedies through pharmacies other than Boots were up 63 per cent on 1993, reaching over £17 million. This was undoubtedly helped by a long spell of good weather in the south.

IMS figures for October, 1994 show the total hayfever market to be worth £21m at rrp, with antihistamines accounting for 67 per cent (an increase of 2 per cent), nasal sprays for 17 per cent and eye drops for 16 per cent.

Success stories included Triludan and Triludan Forte, which claimed half the antihistamine market, and Beconase Hayfever, the first intranasal corticosteroid spray to obtain a P licence, established itself as the number two OTC hayfever remedy. Several sodium cromoglycate eye drop preparations made their debut, but there are signs that the market is polarising down to two or three brands.

Karen Brimson, group product

Continued on p10 ▶

As always, no one can predict what kind of season it will be. The mild winter may bring an earlier start, and the long-term weather forecast is good but



A SIGHT FOR SORE EYES AND NOSES

TRILUDAN FORTE

TERFENADINE

- ✱ ONE A DAY
ANTIHISTAMINE
- ✱ FAST ACTING
ANTIHISTAMINE
- ✱ RAPID RELIEF
FROM HAYFEVER
AND OTHER
ALLERGY SYMPTOMS
- ✱ LASTS ALL DAY
- ✱ AVOIDS
DROWSINESS

Treating hayfever is our forte.

Triludan/Triludan Forte Product Information

Presentations: Triludan-Tablets: Each tablet contains 60mg terfenadine. Triludan-Forte Tablets: Each tablet contains 120mg terfenadine. **Uses:** Antihistamine indicated for symptomatic relief of hayfever, allergic rhinitis and allergic skin conditions. **Dosage and Administration:** Adults and Children over 12 years: As a single or two divided doses. Allergic skin conditions: 120mg daily. Hayfever, allergic rhinitis: Starting dose 60mg daily, increase to 120mg daily if required. Children: Allergic skin conditions, hayfever, allergic rhinitis, 6-12 years: 30mg twice daily. Do not exceed the maximum recommended dose. **Contra-indications, warnings etc.** **Contra-indications:** Concomitant use with oral ketoconazole or itraconazole or erythromycin. Use in patients with

significant hepatic dysfunction. Known hypersensitivity to the drug. **Warnings:** QT prolongation and/or ventricular arrhythmias, including torsades de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or by liver disease (see 'Contra-indications'). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. **Precautions:** Terfenadine is not recommended in patients in whom electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance, astemizole. Although evidence is lacking, the risk of arrhythmia might be increased (see Warnings). Side-effects

The following side-effects have been reported: abdominal pain and dyspepsia, alopecia, anaphylaxis, angioedema, arrhythmias, bronchospasm, confusion, convulsions, depression, dizziness, headache, insomnia, lightheadedness, liver dysfunction, menstrual disorders, musculoskeletal pain, nightmares, palpitations, paraesthesia, photosensitivity, rash, sweating, syncope (see 'Warnings'), tremor, visual disturbances. In objective tests Triludan has been shown to be free from central nervous system side-effects. Reports of drowsiness are extremely rare but it is advisable to check the individual response before driving or performing complicated tasks. **Drug Interactions:** Use with oral ketoconazole or itraconazole is contra-indicated. Use with erythromycin is contra-indicated. Concurrent use with other imidazole oral antifungals or other

macrolide antibiotics is not recommended. Concurrent use of drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet). **Pharmaceutical** **Precautions:** None. **Legal Category:** P. **Package Quantities:** Triludan Tablets Pack of 10 tablets. Triludan Forte Tablets Pack of 7 tablets. **Product Licence Numbers:** Triludan Tablets 4425/0024 Triludan Forte Tablets 4425/0091. **Retail Price inc. VAT:** Triludan Tablets pack of 10 £2.89 Triludan Forte Tablets pack of 7 £3.89. **Date of preparation:** March 1995. Further information including Product Data Sheet is available from: Marion Merrell Dow Ltd, Lakeside House, Stockley Park, Uxbridge, Middlesex, UB11 1BE. Marion Merrell Dow and Triludan are registered trademarks.



Display material for Fisons' brands



Clarityn concentrates on pharmacy support

◀ Continued from p8

manager OTC at Marion Merrell Dow, says that despite an early-season use of Becanase, hayfever sufferers still turned to antihistamines later when the season reached its peak.

Most customers buy their hayfever treatments when their symptoms start.

Only those who are more seriously affected seem to plan ahead — some by going to the doctor — but most people who buy OTC products do so for immediate use. This means there will always be a place for antihistamines, she believes.

The other main brands — Clarityn, Priton and Allereze/Plus — each have an 11 per cent share of the market.

According to Deb Milner of Schering-Plough, only Clarityn and Triludan showed much growth last year. Many smaller antihistamine brands took a battering



New point of sale material is available for Triludan

She puts a figure of £37m on the total antihistamines market, including those issued on prescription, and £7.7m OTC for all indications, not just hayfever. The overall market dropped by about £200,000, probably because of the introduction of Becanase.

There is no breakdown of sales figures available to show how many people use both eye drops and tablets, but it is probable that the introduction of sodium cromoglycate preparations also took share from the smaller antihistamines.

Chris Kula-Przewanski, product manager for Opticrom Allergy eye drops, says: "Three-quarters of hayfever sufferers have eye and nasal symptoms, but only about 9 per cent are using eye drops — equating to a massive missed sales opportunity."

Estimates for the sodium cromoglycate eye drop sector vary from £1.6m-£2.7m, with Brol-eze Hayfever and Opticrom Allergy fighting it out between themselves for brand leadership.

In nasal sprays, Marion Merrell Dow's figures show that Becanase took share from other sprays last year, although Sinex, Resiston One, Sudafed and Fenox all showed a marked improvement in 1993.



Advertising for Becanase uses 'breaking free from the daisy chain' imagery

Triludan promotions

An 'Allergy digest' booklet aimed at consumers will be sent to all GP surgeries and NPA pharmacies, and will be mailed directly to those hayfever sufferers on Marion Merrell Dow's database.

It will also be on sale through newsagents, price £2.25. Pharmacies can obtain free copies from representatives. It covers all types of allergy, with a strong focus on hayfever.

A customer leaflet, 'Understanding hayfever', offers a free prize draw to win an air ioniser to help eliminate pollen, with free copies of 'Hayfever in the garden' for 1,000 runners up.

A new range of POS material includes a prescription signing board and a new counter unit which can be converted to hold other MMD products after the hayfever season. A display competition offers 20 de luxe barbecues as prizes.

A pharmacy assistant training programme on hayfever is available on a computer disk or in written format. Representatives are willing to work through the programme using a laptop computer on a one-to-one basis. It takes from 20 minutes to one hour.

Assistants who want to test their knowledge by answering questions on the programme have the chance to win a £40 Marks and Spencer voucher.

Clarityn

Schering-Plough increased the margins on Clarityn from 27-30 per cent in January and margins will be at 33 per cent by the end of 1997.

The company is concentrating heavily on pharmacy support, with competitions for assistants to win a weekend for two in Paris. A wide range of POS includes a pollen count indicator, a counter unit and leaflets entitled 'Make your peace with pollen fast'.

When the pollen season starts,

many hayfever sufferers retreat into the house. But research has shown that pollen counts can be ten times higher inside because pollen is brought in on clothes and by pets, and draught-proofing makes ventilation poor so levels build up.

Public relations is concentrating on a 'Fifteen-point plan to pollen-proof your home', with offers of do-it-yourself pollen-proofing kits through women's magazines and newspapers.

There will be a series of advertorials in women's magazines and the company is sponsoring a new booklet on hayfever in the Family Doctor series.

Promotional material capitalises on the fact that Clarityn is quick-acting and non-sedating and does not interact with alcohol so does not spoil summer socialising. It also draws attention to Clarityn eye drops which complement the effect of Clarityn.

Loratidine is now the world's best-selling antihistamine, the company says.

Brol-eze hayfever eye drops

Rhone-Poulenc Rorer is offering a better deal to pharmacists for 1995, with a 33.4 per cent POR or 50 per cent profit cost from March 1.

Jeff Bulmer, category manager for eyecare, says this recognises support from pharmacists last year, when about 95 per cent of pharmacies stocked the product.

Opticrom Allergy and Resiston One

Fisons Pharmaceuticals is introducing a 10ml bottle this season in addition to the existing 5ml trial size.

Continued on p12 ▶



Better deal on Brol-eze

◀ Continued from p10

The brand is being supported by £1m of advertising this year. The press campaign started in May issues of consumer magazines and will be backed with national newspaper advertising during periods when the pollen count is high.

A poster campaign will appear in London and the South East to reflect the high hayfever product sales in the area.

In a display competition running until July, pharmacists and their assistants will be able to win one of 30 hand-held televisions or 120 pairs of Ray-ban Wayfarers sunglasses in a monthly draw.

Booklets entitled 'Summer eye problems' are available to consumers as part of a 'Hayfever — caring for your eyes' campaign.

Resiston One will benefit from a £500,000 campaign, including national press advertising, London Underground cards, POS and public relations.

Otrivine-Antistin

Orba Vision Ophthalmics believes Otrivine-Antistin will continue to compete well alongside sodium cromoglycate preparations

because it is felt that there will always be a need for immediate relief of red and itchy hayfever eyes.

"And at £2.99 retail, Otrivine-Antistin represents excellent value for money compared with sodium cromoglycate preparations," says OTC brand manager Gary Ramsey.

Relaunched this year, the product has new POS which emphasises its fast-acting effect.

Syntaris nasal spray

Launched last month for the prevention and treatment of seasonal allergic rhinitis, Syntaris is being supported by training material for pharmacy staff and self-help guides for customers.

Roche Consumer Products is concentrating on pharmacy recommendation rather than direct advertising to consumers.

Beconase Hayfever

This year, many hayfever sufferers bought more than one pack of Beconase Hayfever so this year a larger 180 metered spray pack (22.5 days supply) has been launched.

Warner Wellcome believes that

the larger pack should encourage better compliance as the product should be used regularly, twice a day, for the best effect. As this

works out at 33p a day for treatment, it also offers better value for money.

A £1m national consumer

On the move

Some travel hints for hayfever sufferers.

- Take holidays by the sea as pollen counts are higher inland. Pollen counts are also lower in mountainous and moorland areas where there are fewer pollen-producing grasses.

- Coastal regions with an onshore breeze usually have lower pollen counts as the wind drives the pollen inland. So, in Britain, the west coast is better for hayfever sufferers.

- Pollen seasons in warm countries are often longer than in the UK.

- If you are going abroad, information about the local hayfever season may be obtained from travel agents or from the Pollen Research Unit, University of North London, 166 Holloway Road, London N7 8DB.

- Remember on winter holidays that in the southern hemisphere it is summer!

- Wear sunglasses to help keep pollen out of your eyes. Avoid being outside in the early evening when pollen counts peak.

- Sleep with bedroom windows shut.

- Avoid polluted and smoky atmospheres. Although cities may have a lower pollen count than rural areas, there is evidence that hayfever and asthma are made worse by pollutants from traffic.



Travelling in cars

The Clarityn Hayfever Advisory Service offers the following tips for pollen-proofing a car:

- fit a pollen filter to the car's ventilation system
- remove outer clothing and place it in the boot to reduce the amount of pollen in the passenger compartment
- keep car windows and vents closed when driving, even on motorways. Open the sunroof instead
- try not to drive during the high pollen times of early morning or late afternoon
- regular dusting with a damp cloth removes pollen from inside surfaces
- keep pets out of the car as they carry pollen on their fur
- vacuum the car regularly (outside high pollen times).

Norton Consumer

Norton Consumer is offering consumer leaflets for Terfenor Antihistamine which serve as a checklist for pharmacists in deciding if terfenadine is suitable.

The product retails at £2.39 for ten tablets and offers a POR of 40 per cent.

Haycrom Hayfever eye drops is also claimed to be the lowest priced 10ml sodium cromoglycate eye drop, again offering 40 per cent POR. Tokens on packs of both products entitle pharmacists to free stock.

In search of sleep

Jet lag, noise, sleeping in a strange bed and the stress of travelling can mean temporary sleep disturbances.

Media briefings for Nyctol are focusing on its usefulness for travellers, and Stafford-Miller is offering a travel kit (£7) through the women's press. Containing a folding toothbrush, toothpaste, mouthwash and relaxing eye mask, it carries the Nyctol name, but not the product.

Television advertising continues throughout the summer and a range of POS is available from Stafford-Miller representatives.

Nyctol is claimed to be the clear brand leader in the £10 million OTC temporary sleep aid market, with a 62 per cent value and 69 per cent volume share.

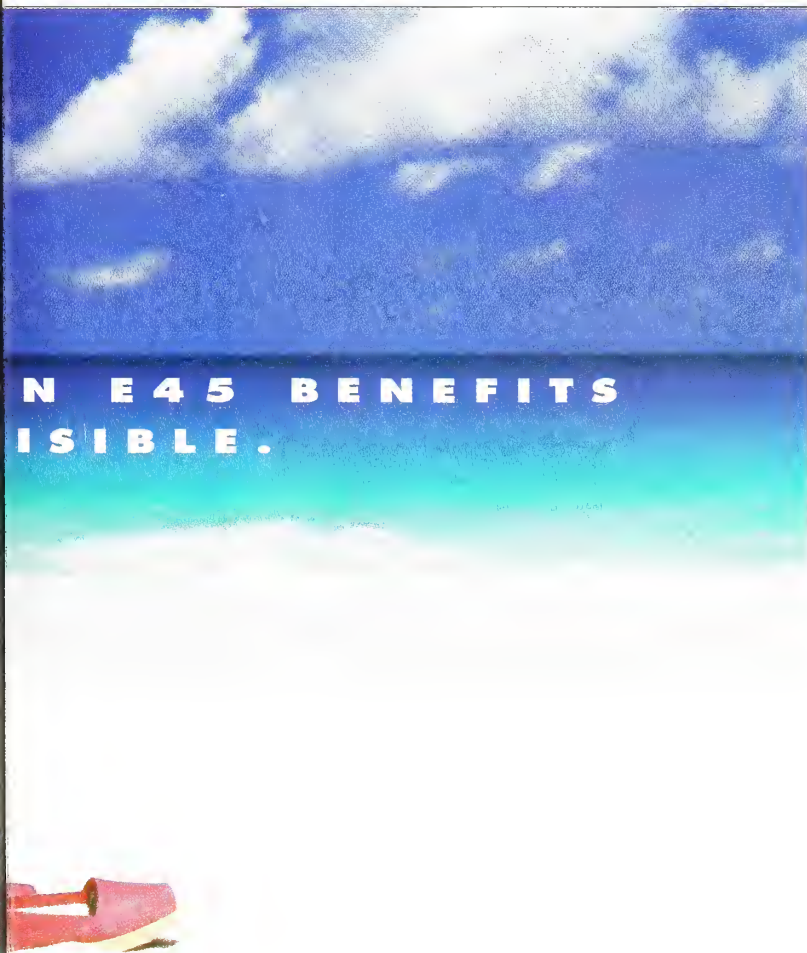
Rapi-snooze is a recent entry into the market. Available from Medinatural, it contains vitamin B6, melatonin and valerian. For travellers, the recommended dose is one or two at night for a week, starting three nights before the journey.



Nyctol is targeting travellers



New product from Medinatural



SUN E45 BENEFITS
VISIBLE.

Sun E45 has been reformulated to smooth on more easily and leave less white residue on the skin.

Naturally, the new formulation retains the benefits that make Sun E45 ideal specialist protection for all sun-sensitive skins – particularly those of children and people who suffer from dry skin conditions, such as eczema and psoriasis.

Sun E45 contains only mineral sunscreens and reflects rather than absorbs the sun's harmful rays. That's why it reduces the risk of irritation.

It provides balanced UVB/UVA protection (all three Sun E45 products have a maximum 4-star UVA rating).

And it's water-resistant and long-lasting, which is especially important for children.

So recommend new, less visible Sun E45. It'll provide more visible benefits – both for you and your customers.



E45 PROVEN PROTECTION FOR DELICATE SKIN

For more information on the E45 range, please contact:
Crookes Healthcare Limited, P.O. Box 57, Nottingham NG7 2LJ.

Bites, stings



Insect repellents are one of the most dynamic sectors of the holiday healthcare market, helped by the continued increase in foreign holiday bookings and the improved summer weather at home.

The opening up of new sectors has also helped, says Scholl Consumer Products, which last year launched what is claimed as the first insect repellent with moisturising, cosmetic benefits — Autan Fresco. The product was designed to attract users who would not normally consider buying an insect repellent. It contributed 25 per cent of the total increase in Autan sales to achieve a 54 per cent share for the brand.

Scholl says the market grew by 1.5 per cent last year to be worth £5.5 million and has the potential to double over the next five years.

Consumers need a visual reminder to prompt purchase, so avoid stocking insect repellents behind the counter. A good place is next to sun care products. Another

mistake is to place them near insecticides, says Scholl, as most repellents offer protection against bites but do not kill insects.

Check stocks regularly and don't underestimate the amount you will need when the season takes off; out of stocks can be a problem in July and August.

- Scholl plans to spend £400,000 on Autan, running last year's successful campaign in the women's press. Public relations worth £100,000 will complement this activity. Merchandising material is available.

- Jungle Formula will be supported by a multi-media public relations campaign, spearheaded by a leading entomologist. Radio support is scheduled with the Association of Broadcasting Doctors which will be featuring the health risks associated with travel. A leaflet, 'Things that go bump in the night', will be distributed to consumers and health professionals. An independent pharmacy promotion for a free Jungle Formula 'bum-bag' will be

highlighted in a special POS leaflet. This year Chefaro has re-introduced Jungle Formula Bite & Sting relief cream, reformulated to contain 1 per cent hydrocortisone.

- POS material is available for Prevent, the new insect repellent based on pyrethrum, which has had the irritant taraxasterol removed. The spray, which can also be used as an insecticide, is powered by an ozone-friendly propellant. Agropharm is supporting the product with a nationwide media campaign.

- Wasp-eze is claimed to be the fastest-growing brand in the insect bite sector, growing 27 per cent last year in a market which increased by 20 per cent as a whole. Advertising is appearing in the women's press. Showcards, shelf edgers and special deals are available; details from Seton representatives.

- Stingose treatment for bites and

stings is being advertised on regional radio during the summer. The first advertisements are planned for London, Manchester and the Midlands in June. The press campaign in glossy magazines will continue. POS is available, together with a bonus of 14 as 12.

- Special deals on Anthisan are available throughout the summer from Rhone-Poulenc Rorer representatives, together with promotional materials and the consumer leaflet, 'The Anthisan guide to bites and stings'. The company says Anthisan is brand leader in the bites and stings antihistamine market, enjoying a 60 per cent share of a sector which grew 29 per cent to reach £2.25m last year.

- Travel Accessories (UK) has a range of Nobite mosquito killers with plugs adapted to different areas of the world. The company can also supply mosquito nets and



Strong advertising and PR support for Autan



POS and special deals on Wasp-eze

and flying things

repellents, with or without DEET, plus a sterile medical emergency kit, a travellers' first aid kit and a dental first aid kit.

- Taibet Laboratories is offering a seasonal bonus of 12 invoices as



Promotions and multi-media effort for Jungle Formula

11 on Buzpel wipes, which are based on pyrethrins. Advertising will appear in national newspapers, such as the *Sunday Express*, from June, timed as far as possible to coincide with fine weather.

- Three Es has introduced Ban the Bug, an insect repellent wrist band which releases natural fragrances and essential oils. The dry plastic band may be worn on the wrist or attached to clothing where it works at full strength for 60 hours, stopping when replaced in a resealable pouch. It is not affected by water and is safe for children.

- Robinson Healthcare is distributing Mosi-guard in a display outer containing 12 natural pump sprays, six wax sticks and six roll-on gels, plus free 'Guide to biting insects and bugs' leaflets. It is made from a blend of refined eucalyptus oils and is DEET-free.



Mosi-guard has a new display outer

Pharmacy debut

Ibis Products is making its range of travel health products available to pharmacies.

Formerly available through outdoor leisure retailers, the range includes Pur water filters, water purification tablets, sunblocks, the Repel insect repellent range based on DEET and mosquito nets impregnated with permethrin insecticide (tel: 01438 748884).

WHEN THE SUN GOES DOWN,
NEW E45 AFTERSUN GOES TO WORK.



dermatologists and dry skin sufferers alike have always trusted the superior moisturising properties of the E45 range. Building on this expertise, new E45 Aftersun effectively restores the skin's moisture level reduced by the sun. This allergy-screened, dermatologically tested

moisturiser cools sun-exposed skin and restores its softness and suppleness.

E45 Aftersun has every quality you've come to associate with the E45 range, including our unmatched support. All it needs now is your recommendation.

E45 PROVEN PROTECTION FOR DELICATE SKIN

For more information on the Sun E45 range, please contact Crookes Healthcare Limited, PO Box 57, Nottingham NG7 2LJ.



Malaria — the latest

The need to watch out for flu symptoms is stressed in the latest recommendations on malaria prevention

No prophylaxis is infallible, so all fever and flu-like illnesses occurring within a year of returning from malarious regions should be investigated urgently, write experts from the Malaria Reference Laboratory when giving their updated guidelines in a recent *British Medical Journal* (March 18, p709-714).

As well as taking the appropriate anti-malarials, travellers should also take the following steps to avoid being bitten:

- use insect repellents on exposed skin
- wear long-sleeved clothing and long trousers at night
- spray the bedroom with insecticide at the end of the day
- sleep under mosquito nets impregnated with insecticide if mosquitoes cannot be kept out of the room.

Plasmodium falciparum is the most dangerous of the four species of malaria parasite. Death can occur within 48 hours of symptoms appearing, due to small blood vessels in the brain becoming blocked by parasitised cells. This explains the need for haste in seeking medical advice

According to Dr Chris Ellis of the Department of Infection and Tropical Medicine at Birmingham Heartlands Hospital, this parasite is most likely to start causing symptoms in the first three months after the bite. It is the less dangerous forms, such as *P vivax*, which can take up to a year.

Resistance of *P falciparum* to chloroquine has become a problem in sub-Saharan Africa, other than South Africa, and

mefloquine is now recommended for these areas.

Mefloquine resistance is a problem in parts of Cambodia, Thailand and Myanmar.

All anti-malarials should be taken for a week before the journey, two weeks in the case of mefloquine, so that potential adverse effects can be detected before leaving home.

Treatment must continue for four weeks after returning, because the drug has no effect on the parasite

when it is in the asymptomatic stage in the liver. This phase lasts for at least two weeks after the bite. Most people go on holiday for two weeks, so symptoms usually develop after they have returned home when the parasite becomes active in the red blood cells.

Most deaths occur in those who do not comply fully. If someone gets malaria despite taking anti-malarials, it is likely to be less severe and more easily treated.

Recommendations

The following are Dr Ellis' current recommendations for some popular tourist destinations.

VERY LOW RISK

Prophylaxis is not warranted in tourist areas of Turkey; all of North Africa, including Egypt; cities of Saudi Arabia and the United Arab Emirates; Bali and Indonesian cities; China (except Yunnan and Hainan); Malaysia (except Sabah); Singapore; and Thailand (except when backpacking in rural areas).

CHLOROQUINE ONLY

Dominican Republic; El Salvador; Guatemala; Nicaragua; and Panama (not necessary on day visits from cruise ships).

CHLOROQUINE PLUS PROGUANIL

Oman; Yemen; Mauritius; Bangladesh (except Eastern, where mefloquine should be used); India; Nepal (below 1,300m, no risk in Katmandu); Pakistan; Sri Lanka (Colombo no risk); Philippines; Bolivia; Ecuador; Peru; and Venezuela (not needed for cruise stop-over).

MEFLOQUINE

The whole of sub-Saharan Africa, except South Africa; Eastern Bangladesh; Cambodia; Yunnan and Hainan provinces of China; Irian Jaya; Laos; Myanmar; Vietnam (rural areas); Thailand (backpacking in rural areas only). Sabah; Papua New Guinea; Solomon Islands; Vanuatu; Amazon basin of Brazil; Bolivia; and Venezuela.

Adult doses are chloroquine 300mg weekly, proguanil 200mg daily, mefloquine 250mg weekly.

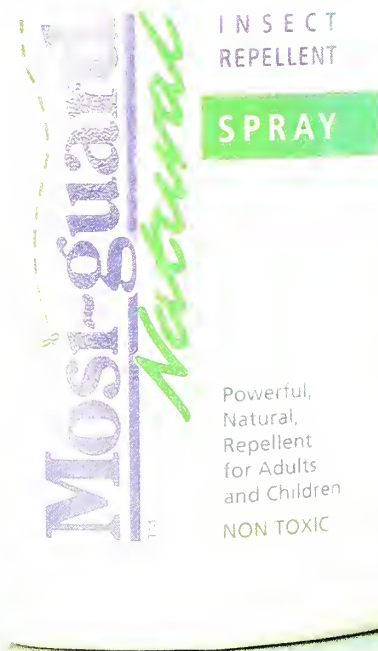
More detailed information is available to health professionals from the Malaria Reference Laboratory on 0171 927 2437. Travellers can obtain advice from the helpline on 0891 600350.

Mosi-guardTM

Natural

The Natural Choice

INSECT REPELLENT



EFFECTIVE

Trials in the UK and Tanzania have proved *Mosi-guard Natural* to be powerful and effective, repelling mosquitoes and other biting insects for long periods after a single application.

NATURAL

Made from a natural blend of eucalyptus oils, *Mosi-guard Natural* is kind to your skin and has a fresh pleasant smell. Its ingredients are harvested from renewable resources thus ensuring the integrity of the environment is maintained and the economies of producing countries are aided.

FOR ALL THE FAMILY

Mosi-guard Natural can be used on children as well as adults, ensuring protection for the whole family. Unlike many other repellents *Mosi-guard Natural* is non-toxic and has no known adverse effects on fabrics and surfaces.

APPROVED

Mosi-guard Natural is approved and recommended by the London School of Hygiene and Tropical Medicine.

ROBINSON
HEALTHCARE

Available from Robinson Healthcare ☎ 01246 220022. Hipper House, Chesterfield S40 1YF, United Kingdom.

COMPETITION

Win vouchers for the holiday of a lifetime with Senokot

Reckitt and Colman, the manufacturer of Senokot™, Fybogel™, Garviscon™, Lemsip™, Dettol™, and other well known OTC products, are delighted to invite you to enter its latest competition. With the holiday season now upon us they would like to help you advise customers on how to avoid holiday constipation

While on holiday, we're just as likely to suffer from constipation as diarrhoea, which can often spoil our enjoyment. The main causes of holiday constipation are lack of dietary fibre, changes in our normal routines and lack of fluids. For these reasons, customers should pack a laxative, such as Senokot, along with the usual plasters, pain-killers and antiseptics in their first aid kits.

Senokot is a stimulant laxative containing natural senna, obtained from the pods of the senna plant. It is highly effective and works in harmony with the body to give gentle, but fast relief from acute constipation. However it is important to remember that not all stimulant laxatives are the same. Constipation is colon specific, but that does not mean that all stimulant laxatives are. Senokot is, and because it only acts on the colon it avoids problems that are associated with stimulant laxatives, for example,



serious griping pains and discolouration of urine, problems that none of us would wish to experience any time, least of all on holiday.

Tips on how to avoid holiday constipation

The following will help you advise customers on how to avoid holiday constipation and how to identify it should it occur.

- Eat plenty of high fibre foods, eg fruit and vegetables, which are often plentiful in hot climates.
- Drink plenty of non-alcoholic drinks, particularly water (alcohol has a diuretic effect which, particularly in a hot climate, can lead to dehydration). Customers should first check if tap water is safe to drink - if in doubt drink bottled water.
- Exercise is an excellent way of maintaining gut mobility and

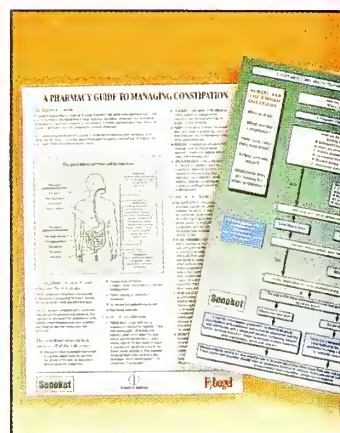
keeping constipation at bay, such as swimming, tennis or walking.

● Should constipation occur while on holiday, a natural remedy such as Senokot will quickly and effectively relieve this, usually overnight, returning gut mobility to normal. Customers should then follow the advice about their lifestyle to avoid problems in the future. If the problem persists they should contact their doctor on their return home.

● Holidays can be surprisingly stressful which can contribute to constipation, so it is important to try to relax and unwind - after all that is what holidays are for.

Free constipation guide

To help you give advice to customers about constipation and the different types of laxatives available, Reckitt & Colman have produced a handy reference guide called "Managing Constipation." This double-sided A4 laminated guide provides a yes/no flow-diagram with advice and background information on constipation, its causes and treatments. The chart is washable and can be hung up by the attached chain for easy access. For your free copy simply complete the form below (you do not need to enter the competition in order to obtain your free constipation guide).



What you can win

Reckitt & Colman/Senokot are offering pharmacy assistants the chance to win Thomas Cook Holiday Travel Bonds to put towards the holiday of their choice.

The first prize is a £500 Travel Bond with five runners up each receiving a £50 Travel Bond.

The competition

From the copy provided, just answer the following questions:

1. What problems are associated with non-colon specific stimulant laxatives?

2. What natural ingredient does Senokot contain?

3. What are the main causes of holiday constipation?

Name.....

Address.....

Telephone number (daytime).....

"Managing Constipation Guide" - Please send me a free copy.

Tick box ☐

Send your completed entry form to: Chemist & Druggist/Senokot

Competition, Benn Publications, Sovereign Way, Tonbridge,

Kent TN9 1RW. The winners will be decided on the closing date,

June 20 1995.

TOKEN TWO

RECKITT & COLMAN BONUS PRIZE COMPETITION!

To have the chance of taking part in an end of year special bonus prize draw simply continue to cut out and keep three different tokens, like this one, from any of the following competitions

FYBOGEL Community Pharmacy Line
SENOKOT Community Pharmacy Scepter
FYBOGEL/SENOKOT Chemist & Druggist

Entry details will appear in the Fybogel and Senokot joint competition in the December 2 issue of Chemist & Druggist

Competition Rules

1 All entries become the property of Reckitt & Colman Products Limited. 2 The competition is not open to employees of Reckitt & Colman Products Limited, Benn Publications Ltd, members of their families or their agents. 3 All entries must be received by last post, June 20 1995. 4 Reckitt & Colman Products Limited reserve the right to publicise the winners' names and photographs. 5 The judges' decision is final and no correspondence will be entered into. 6 The prize must be accepted as offered, there will be no cash alternative. 7 The competition is only open to pharmacy assistants. 8 Only one entry per person is allowed. 9 Winners will be notified by post by June 30 1995. 10 A full list of winners will be available on request. 11 Proof of posting does not constitute proof of delivery. 12 Tokens collected from this series must be original, photocopies are not acceptable, in order to qualify for a special prize draw in December 1995.

Don't forget colds ...

Although colds are traditionally associated with the winter months, research shows that about 40 per cent occur in the summer. And according to Crookes Healthcare, the cold is the most common minor infection in hot climates.

Having a cold can also cause ear discomfort when taking off and landing in a plane. This, together with the dry atmosphere of the air conditioning, makes throat lozenges another suitable recommendation for the holiday baggage.

One unexplained finding is that many people come down with a cold or sore throat as soon as work pressure is relaxed — as if they cannot afford to fall ill when they are busy.

"Pharmacists should therefore be prepared for the continued demand for cold care products throughout the summer months," advises Crookes.

... and condoms

Over 60 per cent of women mentioned foreign holidays as the time they could most imagine people throwing caution to the wind and having casual sex.

The NOP's Health Monitor survey, commissioned last year by LRC Products, found that more men than women take condoms on holiday with them in readiness for close encounters. This was most

likely in the Under 25s, with 31 per cent of men and 27 per cent of women taking condoms.

The survey revealed a widespread ignorance about the dangers of unprotected sex in foreign countries. Half those interviewed were unaware that Bangkok has a major problem with HIV/AIDS and only 41 per cent knew of its prevalence in Uganda.

Paris was regarded by only 16

per cent of the 1,900 adults interviewed as being high risk. This was far lower than London at 34 per cent and only slightly higher than Blackpool.

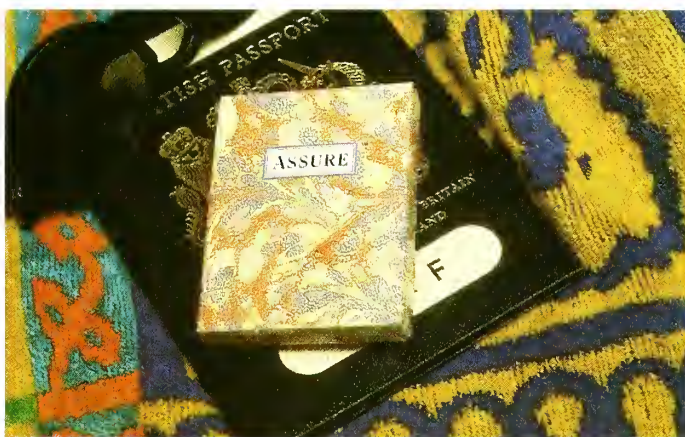
LRC warns that many condoms sold abroad do not meet the same safety requirements as in the UK, and it could be difficult buying them in a foreign language.

James Health (UK), distributor of Jiffi deluxe condoms, is also urging people to "be prepared" on holiday. Summer is a peak season for condom sales, particularly for Jiffi's core market of 16-24-year-olds. This month STA Travel is offering a free pack of three condoms with every flight booked.

Advertising plans include a cinema commercial and there will be multi-media public relations.

The company sees the trend for condoms moving away from the more clinical brands. It is marked flared and sensitive variants are expected later in the year.

A flexible, easy access counter unit is being developed.



LRC survey showed ignorance of HIV risks abroad



isi Shower & Bath Protection

Just five of your customers who would benefit from new ISI Covers -

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- * BURNS
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LAST-MINUTE, LESS SEASONAL

The travel kettle, iron and hairdryer remain the core market for travel appliances, says Pifco product manager

David Briggs.

"Traditionally the market was perceived as being purely based in the summer, but with the growth of the winter holiday industry and the Christmas gift market the products are becoming far less seasonal. Pharmacists should ensure they take account of this development."

Late holiday bookings will continue to be the norm, which means that many purchases will be at the last minute.

"One way for pharmacists to capitalise is obviously through interesting and eye-catching product displays to complement other relevant travel market areas,"

says David Briggs. "Other opportunities exist with local travel agents to jointly promote holidays with travel products."

Travel products are not just used by holidaymakers, and there has been a growing demand from business people for 'professional' accessories, such as the Pifco travel steamer, which removes creases from clothing.

Latest additions to the Pifco range are the 'Shot of Steam' travel iron which can be used dry or with steam (£14.99). Features include a dual voltage switch, a fold-flat handle and detachable water tank.

The new Worldwide travel hairdryer (4832) has a voltage selector switch for 120v or 240v, a concentrator nozzle and fold-down handle (£9.99).

New from Remington for the

summer holiday season is the Express Set 10 compact collection of heated rollers. Ready to use in about 90 seconds, the five medium and five large rollers have an easy-grip rubber surface. They are multi-voltage and come in a small cosmetic case (£21.99).

Another recent addition is the Freecurl butane-powered cordless styler collection, comprising the Freecurl Brush (£16.99) and the Freecurl Combi (£18.99) — a styling brush with curling tong. The stay cool cover allows instant storage.



Express Set 10 heated rollers from Remington

PLAN FOR VACCINATION

Travellers should ideally plan at least six weeks ahead if they need vaccinations. The following are some general guidelines:

Cholera

Cholera is a problem in areas of poor sanitation in South America, the Middle East, Africa and Asia, but is relatively uncommon among travellers. Vaccination is recommended only for travellers to cholera areas who may cross remote borders, especially overland, and who may be asked unofficially for a certificate. No country requires immunisation as a condition of entry.

Diphtheria

Diphtheria is still prevalent in

tropical countries where there is overcrowding and poor hygiene. In recent years, there have been outbreaks in Russia and the Ukraine. Vaccination is recommended for previously unimmunised adults.

Hepatitis A

Travellers to places where sanitation is primitive are at risk. An injection of immunoglobulin gives instant protection which lasts for up to three months. More frequent travellers, or those staying away for longer than three months, are advised to have the active vaccine.

Hepatitis B

Vaccination is recommended for long-term travellers (more than six months) or health workers in high-prevalence countries, but this can take six months to become

effective. Medical emergency travel kits could be recommended for those travelling to areas where the safety of syringes and needles cannot be assured.

Meningococcal meningitis

This is prevalent in some areas of Africa and Asia. Saudi Arabia requires immunisation of those going on Hajj, the Muslim pilgrimage.

Poliomyelitis

Vaccination recommended for anyone travelling outside North and Western Europe, North America, Australia and New Zealand.

Tetanus

Vaccination recommended for everyone, especially those

travelling to remote areas.

Typhoid

Vaccination recommended for travellers to areas where standards of hygiene and sanitation may be less than ideal.

Yellow fever

Yellow fever is prevalent in parts of Africa and South America. Some countries require a vaccination certificate for entry.

More detailed information about current requirements is available from:

- the National Pharmaceutical Association
- the Communicable Disease Surveillance Travel Centre (0181 200 6868)
- the Department of Health's leaflet, 'Health advice for travellers' (0800 555777).

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Beconase Hayfever - give your customers freedom from hayfever

Test your knowledge of hayfever and you could not only win Marks & Spencer vouchers but also help your customers enjoy this Summer with the help of Beconase Hayfever

According to research sponsored by Beconase Hayfever, hayfever sufferers often experience feelings of depression, irritation and listlessness, along with difficulty in concentrating which can spoil their work and leisure time during the Summer months. Hayfever affects more than one in ten of the UK population and is most prevalent among 25-44 year olds with people living in the South of England twice as likely to suffer as those living in the North and in Scotland.

Finding effective relief from hayfever symptoms can make a great difference to the quality of life enjoyed by hayfever sufferers. Because the Beconase Hayfever formulation has been available on prescription for over 20 years with 10 million patient years experience and contains a powerful anti-inflammatory agent which works topically without producing inconvenient side effects such as drowsiness or interaction with alcohol or other drugs, it has become a popular treatment for hayfever sufferers. A survey among Beconase Hayfever users showed that 72 per cent of those questioned found it to be better than their usual treatment in treating symptoms of sneezing, rhinorrhoea, blocked nose and runny



eyes. Some 94 per cent said it met or exceeded their expectations and, not surprisingly, 92 per cent said they would buy it again.

When recommending Beconase Hayfever, ensure that sufferers start to use the treatment as soon as their symptoms start and continue to use Beconase Hayfever regularly, two sprays in each nostril twice a day, throughout the season to obtain maximum relief.

Beconase Hayfever offers the consumer excellent value for money as well as effective relief from hayfever symptoms. The introduction of a new 180 spray pack gives sufferers 22.5 days supply for £7.49, or only 33p a day. The original 100 spray pack (12.5 days

supply) will continue to be available for only £4.99, or 40p a day.

A heavy weight National press and regional television advertising campaign will

inform the seven million hayfever sufferers in the UK, of the availability of Beconase Hayfever in pharmacies, and will help ensure that there will be many customers who ask for your help and advice this Summer.



References 1 Holopainen E, Malmberg H, Binder T. Long Term Follow Up of Intranasal Beclomethasone Treatment. A Clinical and Histologic Study. Acta Otolaryngol 1983; Supp 386: 270-275.

The competition

To have a chance to win one of 10 Marks & Spencer gift vouchers worth £50 each or 100 runner-up prizes of Beconase Hayfever t-shirts, all you have to do is answer the following questions and fill in the form with your name and address. Send it to: Chemist & Druggist/Beconase competition, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date is June 21, 1995.

1. Name three symptoms of hayfever.

2. What is the recommended dosage for Beconase Hayfever?

3. Beconase Hayfever does not interact with any drugs or alcohol and does not cause drowsiness. True ☐ or False? ☐

Name.....

Pharmacy Address.....

Telephone.....

The rules 1. All entries become the property of Warner-Wellcome. 2. The competition is not open to employees of Warner-Wellcome, Benn Publications Ltd, members of their families or their agents. 3. All entries must be received by last post, June 21, 1995. 4. The judges' decision is final and no correspondence will be entered into. 5. The prize must be accepted as offered, there will be no cash alternative. 6. The competition is only open to pharmacy assistants. 8. Only one entry per person is allowed. 9. Winners will be notified by post by June 30, 1995.

BECONASE HAYFEVER Aqueous Nasal Spray (beclomethasone dipropionate) 150 µg/ml. **ESSENTIAL INFORMATION** **Presentation** Aqueous Nasal Spray containing 50 microgram beclomethasone dipropionate per spray. **Uses** Treatment of seasonal rhinitis (hayfever). Dosage and administration For intranasal use only. Two sprays into each nostril every morning and evening. For use in adults and children aged twelve years and over. Beconase Hayfever does not cause drowsiness. There are no known interactions with other medicines. **Contra-indications** Hypersensitivity. **Precautions** If hayfever symptoms have not improved after 10 days, consult doctor. Pregnancy and glaucoma. Consult doctor before use. **Side effects** Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intra-ocular pressure or glaucoma have been reported. **Retail selling price** 100 sprays: £4.99, 180 sprays: £7.49. Legal category P. Date of preparation 14 December 1993. Further information available on request from Allen & Hanbury, Limited, Uxbridge, Middlesex UB8 3HT. Product licence number 10949/0095. Product licence holder: Glaxo Pharmaceuticals UK Ltd, Stockley Park, Uxbridge, Middlesex UB11 1BT.

Good news for some

The increasing popularity of overseas holidays continues to be good news for the anti-diarrhoeals market

Arret sales alone last year were up 25 per cent on 1993, says Ghislaine Robson, senior product manager at Centra Healthcare. The brand sold better than the overall market leader, Imodium, during the key summer holiday season and took nearly 22 per cent share of the £13 million market.

"It is estimated that 38 per cent of holidaymakers lose holiday time due to diarrhoea and travellers are becoming increasingly aware of the need to be prepared for an attack," says Ms Robson.

This year, the company will continue to target travellers. One million travel wallets will be given out through tour operators, advising holidaymakers that Arret and other holiday products are available from pharmacies. Check lists will be available for pharmacists to hand to customers. There will be targeted advertorials in the press and national and regional competitions.

There is new POS material and a holiday giveaway competition for pharmacy assistants.

The packs have been redesigned with stronger branding.

Centra is offering an increased basic trade POR of 33 per cent on the brand for 1995. Bonus deals will be available on top of this.

Rhone-Poulenc Rorer says that

Dioralyte dominates the oral rehydration therapy market with a 72 per cent share. The six sachet packs are given credit for helping to grow the market from £6.2m-£7.3m in 1994, an increase of 17 per cent year on year.

Jeff Bulmer, category manager for Dioralyte, says growth has been helped by the increasing trend towards self-medication and the continuing recommendation of the brand by GPs and pharmacists.

Copies of a pocket guide to 'Holiday tummy' are available from RPR representatives.

Norton Consumer is including Diasorb capsules in its 'purchasing power' bonus scheme for pharmacists. On-pack tokens entitle pharmacists to free stocks.



Stronger branding on Arret packs

A high priority

Travel sickness remedies feature high on holiday healthcare check lists, as the problem affects almost one-third of the population.

The season is becoming year round, with people taking holidays in winter as well as summer.

Although the £3.6 million market is fairly static, Seton Healthcare says Sea-legs grew 6 per cent last year. New packaging highlights its

suitability for both adults and children from two years of age. A display outer contains 12 packs. Deals available through reps.

Advertising and promotional campaigns for Kwells and Junior Kwells are running again this year. Some of them strengthen the link with the Royal National Lifeboat Institution, which endorses the brand. Pharmacists can obtain a consumer guide to 'Trouble free travel' from Roche Consumer Health on 01707 366980.

The company says the brand, now second largest in the market, is worth £503,000 at rrp (moving annual total December, 1994).

Stafford Miller says Joy-rides showed 15 per cent sales growth in 1994. A new leaflet and dispenser is available from company representatives (01707 331001). The leaflet gives consumers information about the causes and prevention of travel sickness and details games to play with children while travelling.

Sea-band UK has sponsored a report, 'The power of pressure', which quotes evidence that acupressure can offer drug-free relief from motion sickness. Call 0500 008749 for a leaflet.

There is also growing interest in ginger as a travel sickness remedy. English Grains Healthcare says Travelcaps has shown an annual growth of 40 per cent.



A new leaflet and dispenser is available for Joy-rides



A display outer for Sea-legs has been introduced containing 12 packs

HANDY PACK INDIGESTION REMEDIES

The stress of travel, rushed snacks on the journey, exotic foods and general overindulgence can upset the strongest of stomachs.

So indigestion remedies — particularly those in small, easily transportable packs — can be a useful reminder in 'Holiday health' displays.

Laxatives are also worth featuring, as changes in diet and fear of foreign toilets can make constipation a common holiday affliction.

Warner Wellcome Consumer Healthcare has produced a 'Brits guide to eating abroad' in support of Zantac 75. The booklet is free to the public via women's magazines and a nationwide radio campaign.

It gives some 'golden rules for the holiday menu', as well as general tips on holiday health.

Although the laxatives market is in decline, Windsor Healthcare says sales of Dulco-lax are encouraging, helped particularly by the eight-tablet, trial-size pack.

"The laxatives market can be quite active during the summer months," says Ruth Higham, senior brands development manager.

The brand is being supported by pharmacy assistant promotions and competitions.



Travellers regard portability as an important factor when choosing indigestion remedies. Remegel is supported by at least £2 million of advertising a year. At the end of 1994 it was the second best-selling indigestion remedy in pharmacy



Phone-Poulenc Rorer has some summer offers

Complementary holiday health

A Nelson & Co is running a promotion on three key summer health products.

Pharmacists buying four cases of Pollenna, Travella and Pyrethrum spray (of which two must be Pollenna) will receive a 15 per cent discount on trade prices.

Ten to 15 per cent of an estimated 6 million hayfever sufferers opt for a homoeopathic remedy, says Nelsons. Pollenna should be started several days

before a rise in the pollen count is expected. A new counter display unit is available

Information on the summer promotions is available from territory managers or on the free order line — 0800 289515

• Potter's Herbal Medicines is supporting its summer health products, including Ginger Root capsules and Spanish Tummy mixture, with a public relations campaign throughout the summer

Summer peak for Femfresh

Summer is the peak selling time for Femfresh, with the increase in travel and hot weather.

Throughout this year there will be PR in high-circulation women's

magazines, with a holiday theme in the spring. The main users are 35-45-year-olds, but the profile is widening as efforts are made to target a younger audience.



Dulco-lax growth is attributed to its trial pack

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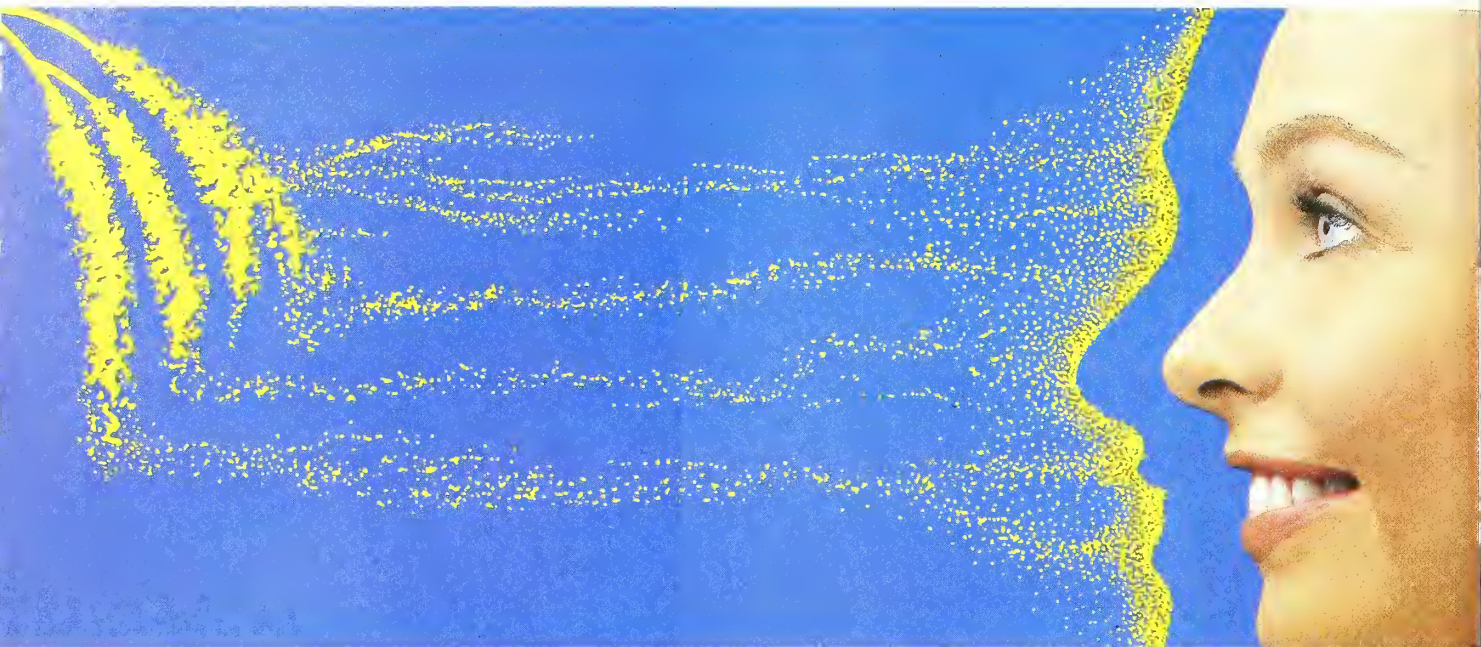
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NOW YOU CAN POLLEN PROOF YOUR HAY FEVER CUSTOMERS



Abbreviated Product Information

SYNTARIS Hay fever Nasal Spray (flunisolide 0.025% w/v) **Uses:** Prevention and treatment of seasonal allergic rhinitis including hay fever. **Dosage:** Adults – two sprays into each nostril twice daily. Children 12-16 years – one spray into each nostril up to three times daily.

Maintenance dose – the smallest dose necessary to control symptoms. **Contra-indications:** Untreated fungal, bacterial or viral infections of the nose or eyes; hypersensitivity to the formulation; pregnancy and lactation. **Warnings and Precautions etc.:** SYNTARIS can enhance the systemic effects of other corticosteroids. Care needs to be taken when transferring from systemic steroids to SYNTARIS if adrenal impairment is suspected. Use with caution in those with recent nasal septal ulcers, recurrent epistaxis, or after recent nasal surgery or trauma as wound healing can be impaired.

Side-effects: Aftertaste; mild, transient nasal burning and stinging. Less frequently, nasal irritation, epistaxis, runny and stuffy nose, sore throat, hoarseness, throat irritation and, rarely, smell/taste alteration and nasal septal perforation. **Price:** 10ml bottle: £4.89. **Product Licence Number:** 0031/0405. **Legal Classification:** Pharmacy only. Full information is available on request from Promoter: Roche Consumer Health, PO Box 8, Broadwater Road, Welwyn Garden City, Hertfordshire AL7 3AY. Telephone: 01707 366000. Date of Preparation: 23.3.95.

SYNTARIS® is a registered trade mark. Always read the label. SYNTARIS® contains flunisolide.

New SYNTARIS® nasal spray protects the nose from pollen irritation. It prevents hay fever symptoms developing – and helps to keep customers symptom-free.

In years of GP use, SYNTARIS® has proved as effective as beclomethasone¹. It tends to be more effective than terfenadine² – yet without the risk of interactions³.

Each spray delivers a fine moisturising mist for thorough intra-nasal cover. For best results, recommend pre-season as well as continuous daily use – it only costs 39p a day.

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THERE'S NO STRONGER WAY TO CONTROL HAY FEVER

References

1. Welsh PW et al. *Mayo Clin Proc* 1987; **62**: 125-134
2. Dickson DJ, Cruikshank JM. *Brit J Clin Pract* 1984; **38**: 416-422.
3. Terfenadine data sheet

Roche